University of Iowa Hospitals & Clinics
University of Iowa Health Care

DEPARTMENT OF
Anesthesia

## Inside This Issue



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# Fifty Year Reunion

### Honoring the Past – Influencing the Future

It's almost here! Our celebration of 50 years as a department independent from the Department of Surgery is around the corner. We hope you already have your calendars marked for June 14-16, 2013. It's even possible that you will receive your formal reunion packet in the mail before receiving this issue of the newsletter. It's been wonderful communicating with so many alumni via email, letters, and phone calls. It will be even more wonderful to meet each one of you in person. So many of these communications are with alumni who are not well known to most of us currently in the department. This is exciting! We are truly looking forward to as many of our alumni and friends returning to the department as possible, and we want to emphasize that this celebration is not reserved only for those retired alumni. We encourage ALL of our alumni to plan to attend. Call classmates from your graduating class and urge them to join you in a trip to Iowa City. We plan to have a special recognition for the class with the most attendees.

We will provide bus transportation to and from all events. Hotel reservation detail is provided within your registration packet. The two hotels we have arranged special rates with are the Sheraton (downtown Iowa City) and the Iowa House (located on campus inside the Memorial Union). Speakers for our dinner program on Saturday are former department chairmen, Drs. **William Hamilton**, **John Tinker**, and **David**

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## Reunion Schedule of Events:

### Friday, June 14

Meet and Greet gathering
from 4:00 – 6:30 p.m.
*Share Restaurant, downtown Iowa City*

Friday Night Concert Series, 6:30 – 9:30 p.m.

### Saturday, June 15

Morning department and hospital tour

Afternoon selection of options to include:

- Tour of the university campus and community
- Trip to the Amana Colonies
- Tour of Pentacrest Museums

Evening cocktails, dinner, and brief program

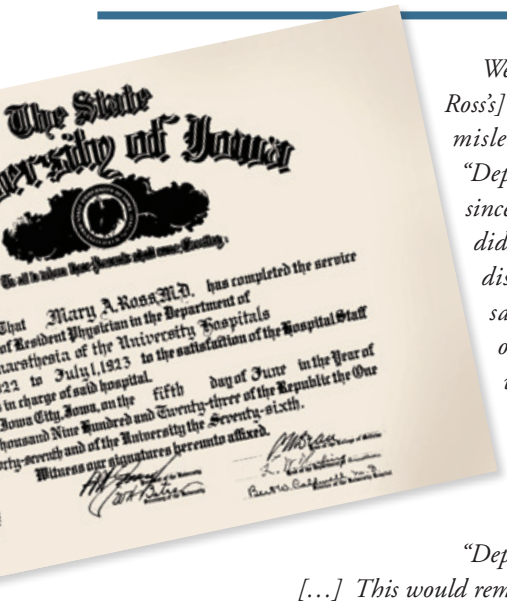
### Sunday, June 16

Morning coffee period and time for farewells

50 1963 - 2013 Department of Anesthesia University of Iowa Health Care

**Brown**. Current chair, Dr. **Michael Todd**, will welcome our guests and introduce additional special attendees.

As you may recall reading in previous newsletters and other communications, we are working very hard on a text profiling our department's history, both pre-department status and since. We are working with professional writer, James Bass, Ph.D., on this project. Jim states that he is having a great time learning about the specialty of anesthesiology, and in particular, the history of how our department came to be as he sees it today. You will be able to order the text during our reunion celebration. What follows are two passages from it.


The State
University of Iowa
To all to whom these Presents shall come, Greeting:
This is to Certify that Mary A. Ross M.D. has completed the service
of Resident Physician in the Department of
Anesthesia of the University Hospitals
22 to July 1, 1923 to the satisfaction of the Hospital Staff
in charge of said hospital.
In Testimony Whereof, We have caused these Presents to be signed by the President of the University and countersigned by the Secretary, and the Seal of the University to be hereunto affixed. Done at Iowa City, Iowa, on the fifth day of June in the Year of Our Lord One Thousand Nine Hundred and Twenty-three of the Republic the One Hundred and Forty-seventh and of the University the Seventy-sixth.
Witness our signatures hereunto affixed.

*We should note the [Mary Ross's] certificate's historically misleading reference to the "Department of Anesthesia" since at the time Anesthesia did not exist as a formal, discrete, bureaucratically sanctioned department on an equal footing with other hospital departments (even though Harding was sometimes referred to as head of the "Department of Anesthesia"). […] This would remain so until 1938 when Anesthesia would be identified as a formal "division" within the Surgery Department. […] But finally, perhaps most important to note is that Dr. Ross was probably the first physician in the United States to complete a period of residency in anesthesia as a specialty. Her certificate may well be the first ever issued in the United States, preceding the establishment of Ralph Waters' residency program for anesthetists at the University of Wisconsin in 1927. It may also be worthy to note that Dr. Ross's sex reflected an earlier progressive policy on the part of the School of Medicine and the university as a whole. From the very inception of the S.U.I's medical school in 1870, the institution was—despite the resistance of its all-male faculty—to be co-educational. Of its first graduating class of 37, ten were women.*

*Cullen's interest in curare would take him into the early 1950s when his attention would turn to the use of inert gases such as Xenon as anesthetic agents. Research in this area was particularly relevant in light of an incident that took place in 1949 in University Hospital operating room C-60, dramatically demonstrating one of the liabilities of volatile anesthetic agents. Despite precautions against ignition by sparks of static electricity or electronic instruments, an ether explosion occurred when a visitor entered the operating room wearing wool pants which in the dry heat of the winter ignited the ambient ether in the room, resulting in a perforated eardrum in the anesthesiologist, Dr. Robert Virtue, who was a resident at the time, and a pharyngeal laceration in the patient (who happened to be the son of one of the hospital's neurosurgeons).*

Once you receive your reunion celebration registration packet, and review it, any questions you may have can be directed to Barb Bewyer via phone at 319-353-7559, or via email at barbara-bewyer@uiowa.edu. Please plan to attend. We promise a fun-filled weekend that you will remember far into the future.


Department of Anesthesia 1949
Back Row: Moyers, Eastwood, White, Glesne, Rushia, Hesselschwerdt, Balke
Front Row: Virtue, Norton, Brotman, Cullen, Smith, Noltensmeyer, Wilkins

## *Sharing* our Thank Yous

As stated in the previous issue of this newsletter, we work hard within our department to thank one another when notice is made of someone taking that extra step to help improve a situation, enhance a patient scenario, or offer an extra pair of hands or a friendly, warm smile. As this editor is certain there are more occasions than were reported to me, I once again include a department-wide, public, THANK YOU to everyone who contributes to our slogan, "The Iowa Way." Thank you. -bjb

Carla Aldrich
Tim Brennan
Thomas Carroll
Bob Forbes
Bob From
John Laur
Melissa Meiners
Mary O'Brien
Robert Raw
Ann Smith
Ken Ueda
Ambulatory Surgery Center Anesthesia Team
Anesthesia Presurgical Evaluation Clinic Team
Center for Pain Medicine and Regional Anesthesia Team
Postanesthesia Care Unit Team

# Notes from the Chair

This is truly a momentous year in the history of our department. While we can track our origins back to the early part of the 20th century, there was nothing that we would recognize as a "Department" until much later, with the arrival of Dr. **Stuart Cullen** in 1938. Even then, it was a small group, and, while there were clearly respected individuals, I have a hard time believing that we had a truly equal place at the academic table. Then finally, 50 years ago this year, Dr. **William (Bill) Hamilton** succeeded in advancing us to full department status within the College of Medicine. I'd argue that this was overdue; Iowa lagged behind other prominent institutions in granting independent departmental status. But maybe that wasn't a bad thing. Iowa has never tried to be "the first" in a lot of things. We have a long institution tradition of "waiting until we get it right" rather than rushing into things.

Michael Todd and Bill Hamilton in 2008

At our reunion celebration in June, I'm sure we'll spend a lot of time talking about our pre-departmental history: **Louis Harding, Mary Ross, Stuart Cullen, Ted Eger, John Severinghaus,** and more. We should - it's an illustrious history. But I'd also like us to focus on the time since.

Dr. Hamilton (whose residency application - showing him in Army uniform- was found a few years ago) deserves the credit for achieving department status in 1963, but Bill left to succeed Dr. Cullen at the University of California, San Francisco (UCSF) in 1967 (after Dr. Cullen became Dean). Since then, we've had six people in the corner office (for some odd reason, it always seems to be a true corner office!). Each left an indelible mark on the department. I've had the privilege of working with everyone except **Wendell Stevens** (although I met him on several occasions). What follows is a little data combined with some personal impressions.

### Jack Moyers, M.D. (Head, 1968 to 1977)

Jack was a life-long product of Iowa City and the University of Iowa - and a stalwart Hawkeye. Many of our alumni have fond memories of Jack. So do I. He was the consummate clinician-educator. I remember Jack as an active clinician when I arrived in 1986, someone who insisted on "the basics" (including the use of black rubber hoses and red rubber endotracheal tubes!) and hands-on assessments of patient well-being. I suppose the term "curmudgeon" might apply, but only in the best sense. Jack seemed to me to have little tolerance for "esoteric BS" in the operating room. He was a strong believer in hands-on personal assessments of patient well-being: look at the patient's color, feel the pulse, watch the chest rise - things that modern monitoring technologies have made seem (inappropriately) "quaint."

Many of our best-known senior faculty arrived during (or just before) Jack's tenure (Drs. **Sam Gergis, Won Choi, Shiro Shimosato, Denny Bastron, Peter Jebson,** and **Jimmy Carter**). Jack stepped down in 1977 during his tenure as president of the American Society of Anesthesiologists after what I've heard was a disagreement with Dean Eckstein.

### Samir Gergis, M.D. (Interim)

Sam came to the Department from Egypt in 1969 (as a resident), and rapidly established himself (along with **Marty Sokoll**) as one of the world's experts in neuromuscular blockers. Many of our alumni remember him as the man who ran the operating room. I remember Sam best for a comment he made to me. When one of my research fellows needed an urgent surgical procedure, Sam managed to get him into the operating room on very short notice (something that was even more challenging in those days than today). When I asked him how he did it, his comment was, "If we can't take care of our own, what can we do?" I've never forgotten that wisdom. Before his death in 2005, Sam also endowed the first professorship in the department, a position held currently by **Tim Brennan**.

### Wendell Stevens, M.D. (Head, 1978-1982 )

Dr. Stevens' work was a product of the Iowa-San Francisco pipeline going in both directions. While born in Iowa (and trained at the U of I), he moved with Bill Hamilton to UCSF in 1967. He worked closely with Ted Eger, and was one of the pioneers behind the introduction of isoflurane into clinical practice. When the Iowa chair opened, he came home. I believe he was recommended for the position by Bill Hamilton, who was still Chair at UCSF at the time. I've never heard anyone who knew him describe him in anything but the kindest words: gentle, thoughtful, considerate, caring. Wendell was responsible for recruiting **Frank Scamman** and **John Moyers**. He left in 1982 and shortly thereafter became chair at Oregon Health Sciences University, a position he held until his retirement ten years later.

### John Tinker, M.D. (Head, 1983-1997)

John, more than anyone else, established the modern research credentials of Iowa,

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both with his own work and national prominence and via those that he recruited or groomed: **David Chestnut, David S. Warner, Tim Brennan, Jim Bates, Ruth Wachtel, Max Baker, Brad Hindman, Javier Campos**, me - and **many** more. He worked tirelessly to support and encourage all of us; nothing that any of us have accomplished since would have been possible without him. He trained at the Peter Brent Brigham in Boston (under Roy Vandam), and came to Iowa after many years at the Mayo Clinic, working with such people as Drs. Jack Michenfelder, Gerald Gronert, Sait Tarhan, Roy Cucchiara, and others. He left Iowa to take up the Chair at the University of Nebraska, a post from which he retired in 2008.

John is, without a doubt, one of the brightest people I've ever known. I always said, "He could see the future." John foresaw the manpower shortage of the mid-1990s (and the consequences) long before anyone else I know and also seemed to understand the changes in medicine and anesthesia that were coming (and have arrived). He received a lot of flak for his support of the certified registered nurse anesthetist (CRNA) training program at Iowa (which was actually mandated by the governor) - but without that program, we would not be the department we are today.

And he also introduced me to single-malt scotch and to shotguns. Go figure.

**Peter Jebson, M.B., Ch.B.** (Interim)
British trained, Peter arrived during Wendell Steven's tenure (although I think he was recruited by Jack Moyers). He was the long-time director of the Surgical Intensive Care Unit (SICU), and he is responsible for bringing hyperbaric medicine to the University. I actually first heard about Peter from a neurosurgeon in San Diego who had just recently visited Iowa. He was so impressed by "the giant" in the SICU that when he heard I was interested in moving, he sought me out to tell me about him. Peter retired in 2006 and lives in Florida.

**David Brown, M.D.,** Head, 1997-2004
David, like John Tinker before him, came to Iowa via the Mayo Clinic. Perhaps more than anything else, David was responsible for bringing pain medicine and regional anesthesia to the department, both clinically (**Richard Rosenquist, Andre Boezaart, Robert Koorn, Robert Raw, Bill Hammonds, Naeem Haider**) and experimentally (**Donna Hammond**, now our executive vice dean in the Carver College of Medicine). David left in 2004, moving first to the M.D. Anderson Hospital in Texas and most recently, to the Cleveland Clinic.

**Me** (2004-present, including one year as interim)
As you know, I'm a product of Arizona, the University of Chicago, the Massachusetts General Hospital, and University of California, San Diego. But after almost 27 years in Iowa City, I think I've earned the right to call myself an Iowan. I'm proud of this department, of what we've done - and of the fact that I'm the latest in a long line of truly impressive individuals.

Michael M. Todd, M.D.

# SnapSHOTS

1. Tyrone Whitter, Matthew Maxwell, Paul Miska
2. Who can name these department members from 1981?


As applied to the field of anesthesia, shared decision making ranges from common, straight-forward and basic to exceedingly challenging and onerous.

# What Lies Ahead with the Affordable Care Act?

John Stark

Over the past several articles, I've discussed my experiences in the Dartmouth College Master of Health Care Delivery Science program. Eighteen months ago I entered this program, and I can proudly state that I have now successfully completed it. So now what?

Continuing my discussion from the Fall 2012 issue, the business of healthcare needs to be cured. With the 2012 presidential election solidifying the future of the Affordable Care Act (ACA or "Obamacare"), we now have a better idea of where we are headed. Fee for service payment arrangements will increasingly phase out in favor of Accountable Care Organizations (ACOs) and global payment models and as such, population/preventative health will become the imperative in our industry. Where, then, should we begin to focus our attention in such an environment? One area I would suggest is a much more thorough patient education effort with a clear focus on unwarranted variation in care.

We routinely hear the phrase "informed consent" and debate about its effective use. Our current efforts, however, routinely fail to adequately educate patients about the pros and cons of various treatment options. In today's society, it is common for the patient or their families to simply delegate the responsibility of the decision to the care provider ("If you had to choose, what would you do?"). While this certainly makes the decision easy for the patient, it may or may not be the correct decision. Everyone has different priorities and different expectations. What I may consider a minor inconvenience or acceptable risk, someone else would see as a major hurdle or a deal breaker. Patients need to have a full understanding of their options, so they can weigh each against their personal preferences and values, which is the underlying premise for "shared decision making."

Within the ACA, there is an explicit provision aimed at promoting increased use of shared decision making (Section 3506, "Program to Facilitate Shared Decision Making"). The intent, in part, is to expedite the creation of patient decision aids and other tools aimed at better informing patients and their families in a more thorough and consistent manner.

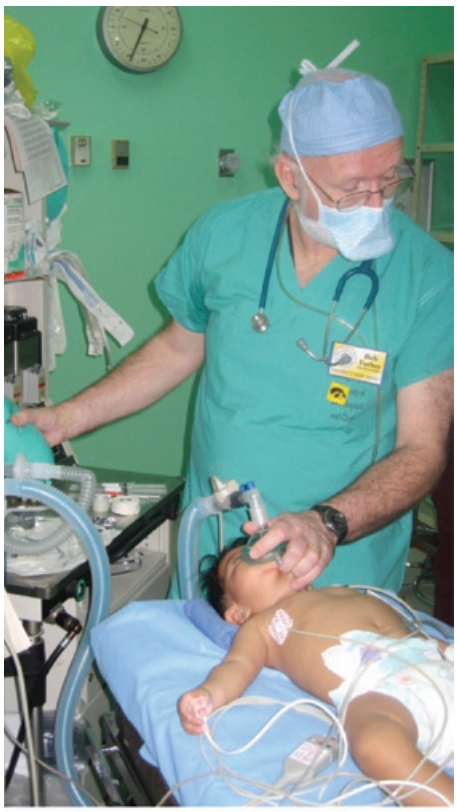
As applied to the field of anesthesia, shared decision making ranges from common, straight-forward and basic to exceedingly challenging and onerous. For example, the decision of which anesthetic plan to choose can seem to be fairly simplistic - "Do you want general anesthesia for your open heart procedure or a local anesthetic?" This is a facetious example of course, but in more cases than not, the anesthetic plan is not the major area for patient dispute.

However, in the intensive care unit environment, shared decision making is exponentially more complex. Family statements such as, "Do everything you can to keep my dad alive" are simply stated, yet it is unclear if the family understands what "everything" is or what the impact of that decision might mean – both in terms of quality of life and financial considerations. In this setting, it is imperative that we as health care professionals ensure adequate resources are available to the patient and family so they can understand truly what they want and receive the care they expect. At University of Iowa Health Care, these efforts are greatly aided by the work of our Palliative Care team and in our case specifically, our own Dr. Brent Hadder, who as you will read in this issue, has just passed his palliative care boards, giving us an internal resource in the Surgical and Neuroscience Intensive Care Unit. It is my belief that we need to maximize patient/family knowledge early in the intensive care unit stay to provide optimal care. In the absence of advance directives, the family may not know if dad wants to have "all" options exhausted. However, hearing that he will not regain consciousness, will be unable to communicate, and could linger in pain for weeks might clearly be in conflict with their values and preferences. Providing education to patients and their families will help frame their expectations and give them a feeling of control in a very challenging time.

In today's environment, we need to ensure that we provide the care the patient needs and no less, as well as the care they want and no more.

John Stark, M.B.A., M.S., Health Care Delivery
*Department Administrator*

# Faculty Profile



Bob Forbes anesthetizing infant

The path through life can be a convoluted series of twists and turns. There can be dead ends; there can be detours; and there can be obstacles and challenges. The future is often out of sight, just around the next bend in the road. Some people try to plot out each step of the journey and they follow their map obsessively. But to follow your map too closely is often to miss the unexpected opportunities that the detours, obstacles, and challenges present.

As I have wandered along life's road, often with no clear goal in mind, I have from time to time been diverted by unexpected opportunities that were thrust upon me. Each time this occurred, I tried to seize the opportunity and enjoy the adventure as it unfolded. I have rarely regretted these diversions.

I was born in Edmonton, Canada the third of seven children. Ours was a family of modest means and neither of my parents attended college. As was common at the time, my mother was a housewife and my father a salesman. Our lives were unremarkable. I did well in school; but I don't think any of my siblings, nor I, had any great expectations about what life had in store for us. It certainly never occurred to me that I could become a physician or that I would ever stray very far from Edmonton. Life changed for my family when my father died unexpectedly at age forty-six leaving my mother with five young children still at home. She recently celebrated her ninety-third birthday. Her mind is sharp, her sense of humor is intact, and she takes great joy in the accomplishments and adventures of her children, her grandchildren and her great-grandchildren. When I think back now to the time of my father's death, I am amazed at the perseverance of my mother, as she kept her family thriving through a very trying time. I cannot recall ever hearing her speak a word of complaint or self-pity about the situation in which she found herself. It is an attitude I have always tried to emulate.

I was a senior in high school with no idea what to do with my life when my father died. To make some money after graduating from high school I took an office job with the Canadian government. The expectations there were low, the demands minimal, and the hierarchy rigid. It was a job that could have lasted a lifetime; but it was not what I wanted for my life. When the same department offered me a job as a surveyor in the Canadian Arctic, it was an unexpected turn in the road that I eagerly followed. For the next three summers, I worked in remote tent camps all along the Mackenzie River from its origin at Great Slave Lake to the Arctic Ocean. The nearest villages were communities with names like Inuvik, Fort Good Hope, Arctic Red River, and Old Crow. These are isolated settlements with no roads in or out. Access was by floatplane in the summer and ice roads in the winter. It was a wonderful way to spend my summers and it provided enough income to finance my first years at the University of Alberta.

I entered the University of Alberta as an English major with vague thoughts of ending up as a teacher or a lawyer. During my first years at University, I took as many science courses as I did English courses and in the end, although I earned my degree in English, it was the biology that I enjoyed the most. As graduation approached, I needed to decide what to do next with my life and this was the first time that I began to think about medicine as a potential career. I applied to medical school and was surprised to be accepted with my Bachelor of Arts in English.

When classes started the following September, I knew I had made a good choice. I enjoyed all my classes. In fact, the most challenging time during my first year in medical school was starting back to class after the Christmas break. Edmonton was hit that winter by a record cold snap and between January 7 and February 1, the temperature never rose above minus 6 degrees Fahrenheit. At night it often fell to near minus 40 degrees. At the time, I owned a 1961 Volkswagen Beetle with no heater, no defroster, and holes that had rusted through the door allowing snow to drift in and pile up on the floor around my feet. Miraculously, everyday that old car started despite the cold, and I drove to class with the steering wheel in one hand and an ice scraper in the other trying to clear the frost from the inside of the windshield.

My time in medical school passed quickly. Between my first and second years, I worked as a heavy equipment operator

for a road construction firm. After the second year, I got a job in the sausage kitchen at a meat packing plant. When I interviewed for that job, I was asked only two questions. First, "Would you shave off your beard?" Since I really needed the money, my answer was, "Yes, of course I will!" Then the foreman asked me how losing a finger in the meat grinder while working at the plant would affect my career in medicine. I had to think a little longer about my answer to that question, but in the end I took the job. I worked the night shift and for ten long hours every night, dumped crate after crate of frozen meat into the grinder, added the spices, and turned out several tons of sausage. It was the most physically demanding job I have ever had.

As graduation approached, I was again faced with the decision – what's next? I had enjoyed all my clinical rotations during medical school and thought family practice would be a great way to continue doing all those things I enjoyed. So I entered a Family Medicine residency. The next two years in my life were a wonderful educational opportunity. At that time, Edmonton General Hospital was a busy urban hospital with an active obstetric unit, an excellent intensive care unit and emergency center, and an outstanding medical staff. Since there were rarely any surgery, medicine, pediatric, or obstetric residents assigned to the hospital, the Family Medicine residents were on first call for everything and the clinical experience we got was exceptional. By May of my last year I had been offered a job, which I had accepted, with one of the local family practice groups. However, during the final months of the program, as I spent more and more time in the office environment, I began to realize that I could not spend my life doing office medicine. I missed the immediacy of hospital care and was frustrated by the chronic aspects of office medicine and by the administrative tasks associated with running a private practice. This was a major bump in the road for me.

As I began to cast about for alternatives, I knew I did not want a career that involved long hours of office care. That left some type of hospital practice and there are not too many options from which to choose. I thought about radiology, but did not want to spend all my time in the dark. Pathology seemed a lifeless choice, leaving anesthesia as a last resort. I knew little about anesthesia, except that during my medical student rotation, it had taken me three weeks and innumerable attempts to successfully intubate a patient. During my many fumbled efforts at intubation, my anesthesia mentors had always been very patient with me. Anesthesia seemed worth a try. With two weeks left in my Family Medicine residency and having backed out of the job I had previously accepted, I called the Department of Anesthesia at the University of Alberta Hospital to inquire about their program. At that time, competition for a spot in an anesthesia residency was not intense and Dr. John McIntyre, the Program Director, assured me there would be a spot for me. All I had to do was show up after completing my Family Medicine program and I could start right in. That's all there was to it. Another major bump in the road appeared to be successfully negotiated.

I enjoyed my years as an anesthesia resident. At the time Edmonton had a population of 750,000 people, and the University of Alberta Hospital was a tertiary care facility doing over 30,000 surgical procedures per year caring for patients from all over northern Alberta and the North West Territories. The residency was a four-year program with a total of twelve residents. The clinical material was outstanding and, as residents, we were assigned to the most challenging cases with the very best faculty. It was an excellent education and another wonderful clinical experience. After completing the program, I passed my exams to become a Fellow of the Royal College of Physicians and Surgeons of Canada, FRCP(C), and took a job in private practice at the Charles Camsell Hospital in Edmonton. This was a community hospital with a busy surgical service and I was soon doing 1,500-1,600 cases a year. I kept my finger in academics as a clinical lecturer at the University of Alberta. It seemed that my course in life was settled.

As residents in the anesthesia program at the University of Alberta, we had always done the American Board of Anesthesiology (ABA) in-training exams, as part of our curriculum. I had passed the final written exam when I entered private practice and I was eligible to take the oral exam. Since I had the job I wanted, there was no reason for me to take the oral exam. However, I had never been to Florida and the exam that year was being held in Tarpon Springs. I decided to apply. I already had my FRCP(C), which involved two hours of oral exams; no one would ever know whether I passed or failed; and I could write the trip off as a business expense. There didn't appear to be any downside. I took the oral exam with no real pressure on me and actually enjoyed the experience. I passed, received my diploma in the mail a couple of months later, and put it away in a drawer thinking I would never need it. Three years later, I encountered another major detour.

In 1983, circumstances unrelated to medicine and anesthesia had me looking for a job in Iowa City. Living in Edmonton at the time, I didn't know where Iowa was located and I had never considered the possibility of leaving Canada. As I searched for possible positions, I was directed to the University of Iowa. I wrote to make inquiries and within a few days received a call from Dr. **John Tinker**, who extolled the virtues of Iowa at great length. He had recently been appointed Head of the Department of Anesthesia and since I was in urgent need of a job and he was in urgent need of additional faculty, it seemed to be a good match. In September of 1983, with my green card in hand, I started work as an Assistant Professor in the Department of Anesthesia in Iowa City. It was a major detour in my life, but I have never looked back.

When I arrived in Iowa City in the fall of 1983, Dr. Tinker was beginning to rebuild an academic department with a long, distinguished history. I had never seen myself as an academic physician; I was a clinician, and unsure of how I would fit into an academic department. The senior faculty at that time included Drs. **Martin Sokoll, Samir Gergis, Mohamed Ghoneim, Peter Jebson, Frank Scamman, Shiro**

*continued on page 8*

**Shimosato, Jack Moyers, John Moyers,** and **Won Choi**. Dr. **Robert From** was a newly appointed Associate, having just completed his residency at Iowa. Drs. **James Bates** and **Kent Pearson** were senior residents. Dr. Tinker told me that he needed an additional pediatric anesthesiologist and asked if I would I take on that role joining Dr. **Judith Dillman** and Dr. **David Murray** on the pediatric anesthesia team. It is a role I have continued to play for almost thirty years and my greatest pleasure continues to be working in the operating room with residents caring for pediatric patients.

The mission of an academic department is to provide excellent patient care, quality teaching, and develop a program of innovative research. As an anesthesia resident, I had some small successes that resulted in a few minor publications and presentations. The highlight was being awarded first prize in the Resident Research Competition at the Canadian Anesthetist Society annual meeting. After arriving in Iowa, Dr. Sokoll, Dr. Gergis, and Dr. **Mahesh Mehta** were generous mentors who guided and encouraged my early attempts at research by involving me in their projects evaluating new muscle relaxants. I also worked with Dr. Murray evaluating the cardiovascular effects of anesthetic agents in children. Again, I was rewarded with enough publications and presentations to gradually work my way up the academic ladder; but my heart was never really in research. In many academic departments that is a fatal flaw; but I was fortunate. Dr. Tinker, then Dr. **David Brown** and Dr. **Michael Todd**, have all encouraged me to pursue my own interests rather than pushing me into a predefined slot. Through their encouragement and support over many years, new opportunities continued to present themselves and to my surprise I was invited to become an oral examiner for the American Board of Anesthesiologists. If I had not taken the ABA oral exam on a lark, while I was still living in Canada, this opportunity would never have been open to me. I have now been an oral examiner for over twenty years. Candidates arrive for their exam anxious and intimidated by the process. I have mentored numerous residents over the years to help them develop their skills in the art of the oral exam and I take great satisfaction in guiding a candidate through the exam in a way that tests them as consultants and allows them to demonstrate how well they have mastered their profession.

After caring for patients in the operating room, teaching residents has been the next great satisfaction of my academic career at Iowa. Although winning a "Teacher of the Year" award soon after arriving in the department was gratifying, over the years I have come to realize that helping residents hone their technical skills and develop their clinical acumen has, in fact, provided me with much more personal satisfaction than the awards I have received, the invited lectures that I've given, the workshops I've participated in, or the book chapters I've published. To have a former resident, now a colleague, come to me years after finishing our program and tell me that they still use a technique or a skill or an approach to a clinical problem that I taught them many years before, reinforces for me the importance of what we as faculty do every day in the operating room, the intensive care unit, the anesthesia evaluation facility, or the pain clinic. We profoundly affect not only the lives of the individual residents we teach, but we also affect the quality of care received by every patient that that individual cares for throughout his or her career.

In 1990, another unexpected opportunity affected my academic career in an important way. A team of surgeons from University of Iowa and Arkansas Children's Hospital was traveling to Honduras to do cleft lip and palate surgery on children who otherwise would never have an opportunity to have these disfiguring malformations corrected. They were in need of an anesthesiologist and invited me to go along. That was the first of more than twenty mission trips I have made over the next two decades. Shortages of trained healthcare professionals, medical equipment and drugs make surgical services inaccessible to millions of patients around the globe. Severe poverty further limits patient access to the few resources that are available. In an effort to alleviate this desperate need, many humanitarian groups organize volunteer teams of healthcare workers to provide short-term surgical care in these international settings. The teams provide technical skills, drugs, surgical equipment, and personnel needed to provide safe and effective anesthesia and surgery at little or no cost to the patient. In many cases, they also provide teaching to the local healthcare providers. Anesthesiologists are highly sought after members of these teams and I have enjoyed participating in trips to countries all around the world.

Other organizations, such as the American Society of Anesthesiologists Global Humanitarian Outreach Program, formerly called the Overseas Teaching Program (OTP), focus primarily on educating anesthesia providers. The goal of the OTP was to teach the teachers of anesthesia programs in developing countries. This can include curriculum design, lectures, seminars, and clinical teaching during patient care. My first experience with this program occurred in 1991 when I traveled to Lusaka, Zambia. I spent a month teaching in the Department of Anesthesia at the University Teaching Hospital. At times, teaching there was frustrating because the anesthesia machines were ancient and poorly maintained, commonly used medications were unavailable, and intraoperative monitoring consisted of little more than placing a finger on the patient's pulse. These severe constraints, common in developing countries, limit the choices that can be made when providing patient care and when teaching anesthesia providers. Patience, adaptability, and ingenuity are all required to overcome these obstacles. The months I spent, first in Zambia and later in Tanzania, as an OTP volunteer were always challenging. At times there was a feeling of isolation, but it was also exciting and both personally and professionally rewarding. What the Zambians and Tanzanians lacked in medical luxuries, they made up for with enthusiasm, interest, and hard work. They had a realistic view of the anesthesia world in which they practiced and they sought

David Swanson, Marty Hove, Bob Forbes, Rob Lance

practical solutions to the problems they would encounter. While there, I had the time and opportunity to meet fascinating people and visit the intriguing natural areas of the continent. But most importantly, I had a strong sense that what I was doing there – sharing my knowledge and my skills – which were useful and appreciated by my African colleagues. Seneca, a Roman philosopher said, "While we teach, we learn." My involvement in these overseas programs has provided me with a real education into the needs of these destitute countries and into medical diseases that I thought I would never see, including malaria, polio, tetanus, and leprosy.

Over the past few years I have had the opportunity to bring together the three best parts of my academic career: care of children in the operating room, resident education, and anesthesia in developing countries. I first took a resident (then **Jacqueline Kawalaramani**) with me on a trip to Honduras in 1993. Fifteen years passed before circumstances allowed me to repeat that experience. During the intervening years, I became involved with Miles of Smiles Team (MOST), an Iowa City group of healthcare workers and a local Rotary club, that sponsors annual trips to provide cleft lip and palate surgery and dental care to children in Huehuetenango and Xela, Guatemala. The first resident to join this mission was **Karen Boland** in 2008. She was an excellent addition to the team, and every year since then the program within our department has grown. Several other faculty members and many residents now make trips each year - both to Guatemala and to other sites in Central and South America. Although I may have been the person who nudged the ball and got it rolling, this program, that benefits children in developing countries, as well as our anesthesia residents, could not have grown as it has without the strong support of numerous individuals in our department, including Dr. Todd, administrator **John Stark**, workroom supervisor **Cindy Carter**, and all the workroom personnel, as well as Residency Director Dr. **Debra Szeluga**, and the many other faculty who have taken residents on these trips. The added bonus is alumnus Dr. **Pierce Cornelius** establishing a department account specifically to fund our residents on these mission trips, and those additional alumni who contribute to this purpose.

I have planned very little of my career or my life for that matter. I had no map to follow - no series of goals or scheduled stops along the way. I have encountered dead ends and detours, as well as obstacles and challenges that obscured or diverted my path. Through it all there have been surprises and unexpected opportunities that I never anticipated. I was fortunate to grow up in very supportive family and to attend a university where an exceptional medical education was available to a person from a modest background like mine. I was fortunate again when I joined the University of Iowa Department of Anesthesia, where I have always been motivated and encouraged to seize new opportunities as they arise and to have colleagues within that department who support these adventures. Finally, I was fortunate to find my wife, Laurie, who shares my love of travel and is always up for an adventure.

Anesthesia has taken me around the world. While teaching or providing patient care, I have had opportunities to travel north of the Arctic Circle, to drink Tusker beer at the foot of Mount Kilimanjaro, to visit Ngorongoro Crater and Victoria Falls. I have looked down into the mouth of a volcano in Nicaragua, watched river dolphins while floating on the Amazon in central Brazil, and stood in line to see the embalmed body of Ho Chi Minh in Hanoi, Vietnam. I have traveled from the summer heat of Bacolod, Philippines to the cold of winter in Krasnoyarsk, Siberia. Through all of this, I have had the privilege of providing anesthesia to children with cleft lips and palates, club feet, and congenital dislocated hips, as well as caring for patients with polio, leprosy, malaria, and tetanus. I have also had the privilege of sharing the education I received and the skills I was taught, not only with anesthesia residents at the University of Iowa, but also with students and colleagues from around the world. I planned none of this. There are many ways in life to excel, to succeed, and to contribute; but your career and your life should always be an adventure. The greatest rewards that occur along the path of life will come from the thrill of the journey not from the final destination.

Bob Forbes, Marty Hove (2009)

*Robert B. Forbes, M.D.*
*Professor*

# International Medical Mission Trip Experiences

In the last issue, I asked our alumni to contribute stories of their international medical mission trip experiences. Thanks to the two alumni, Drs. **Dennis Madrid** and **Stephen Vanasco**, who provided stories and photographs. Having met both of these physician authors, and having conversations with each about their commitment to these missions, I am certain you are going to enjoy reading about their experiences. I invite more of you to share with our readers your stories of involvement in international medical missions. Please consider contributing. Send a summary of your experiences to me at barbara-bewyer@uiowa.edu. Tell about why you gave or continue to give your time and skills, why it's important to you. Include your photographs! -bjb

Homes of hospital employees surrounding hospital

## Dominican Republic

**I want to begin with stating how great I think it is that the department has embraced sending residents on international medical mission trips. The opportunity to experience this as a trainee will no doubt impact their life throughout their career.**

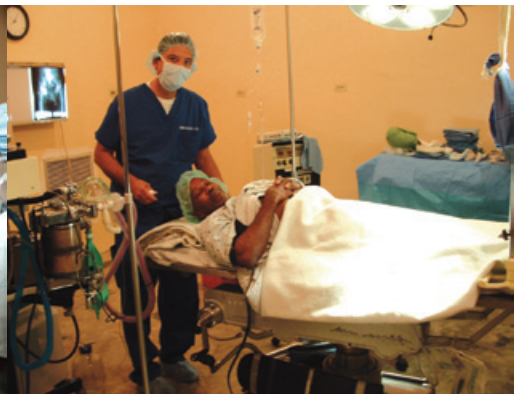
My wife, Carla, and I are involved with a total joint project in the Dominican Republic. The hospital where I work, Hospital Esperanza (Hope Hospital) is in Los Alcarizos, which is about a one and a half hour bumpy ride from the capitol of Santo Domingo. Dr. David Mehne, the orthopedic surgeon, has been involved with this same project since its inception about twenty years ago, and we have been involved for just the past 12 years. This project is all self funded by Dr. David Mehne and us, with the cost per patient about $2,800, and the waiting list at the two-year mark right now.

In the beginning, I spent a lot of time fixing old equipment, including the anesthesia machine, the x-ray box, the suction machine, cautery, and anything else that broke. I did not have a working ventilator for a couple of years. Now we have "newer" anesthesia machines with working ventilators, pulse oximeters, and one working end-tidal $CO_2$ monitor. My Leatherman® multitool sure came in handy, but its popularity among the residents meant I had to part with it before leaving each time. Once anesthesia residents are done with their training, they are required to donate a specific amount of time to a facility caring for the poor; thus, I come in contact with first year residents, as well as those working in the private sector. The majority of cases we do are total hips and now hip revisions since more Dominican surgeons are attempting total joint surgery. We complete between four and six cases per day, finishing typically around 8:00 p.m. I would say 35% of our cases are a result of sickle cell disease, and 35% are from traumatic femoral fractures that are not reduced, resulting in a damaged knee or hip joint. The remainder of our cases is a mixture of causes ranging from osteoarthritis, infectious, hip dysplasia, and revisions. We have our own blood bank in the corner of the room, and over the years have implemented autotransfusions for some of the less complicated cases. All our patients usually are discharged the next day with enough pain medication to last a couple of days and antibiotics for about a week. Pain management was a challenge initially until I started using intrathecal or single-shot epidural morphine. Now, patients ambulate the very next morning and if the x-ray looks good, they are discharged. In an accompanying photograph, you see patients under a makeshift tent who are waiting their turn to enter the hospital since Monday morning at 6:00 a.m. They do not leave the tent area until Friday for fear of losing their turn, as Friday is typically the last day we operate.

Dennis & Carla Madrid

Patients awaiting their turn

Dennis Madrid placing spinal catheter



Dennis Madrid inside operating room

An American ophthalmologist founded the hospital in Los Alcarizos, and initially the hospital was called "Hospital de los Americanos." Now it is called "Hospital Esperanza (Hope)" and has within the grounds a full residency program in ophthalmology, attracting residents from around the world. We do our work in a separate building from the ophthalmology hospital, with four operating rooms built by the Rotary Clubs of Canada and the United States. Dr. Mehne and I typically travel to Hospital Esperanza to work three times annually (March, June, and October), and the trips in March and October include two additional orthopedic surgeons. During these trips, I also am involved in monitoring some pediatric orthopedic cases, in addition to the usual arthroscopic knee and shoulder procedures. The two surgeons who make the trip twice annually are Drs. Terry Dietrich and John Barrington. Dr. Adelino Ramirez, who has worked with us since the onset of this project, is a full professor at Diario Contreras Hospital, the orthopedic hospital in Santo Domingo. I seldom have time to go to the orthopedic hospital, but I have met with the chairman of the Department of Anesthesia and he would welcome an Iowa team and me any time.

My wife, Carla, joins me on each of my trips to the Dominican Republic. She also has become a familiar face to those in the community, and she contributes as much goodness and help to the patients and their families as I do. This is truly rewarding for both of us, a tangible way to give back to the world what my training at Iowa has allowed me to enjoy in my career.

Dennis Madrid, M.D.
*Resident 1982 - 1985*

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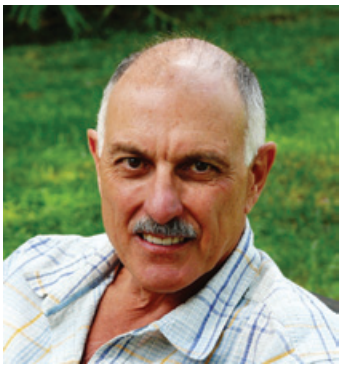


Stephen Vanasco, 2009

## Peru and Tanzania

**I completed my Iowa anesthesia residency in 1982, but not until 2004 did I decide to give something back. I committed to a medical mission. On that mission, I did general medicine in Peru. We traveled by boat from Iquitos about 50 miles upstream along a tributary of the Amazon River and stopped at a different village each day as we came back downstream.**

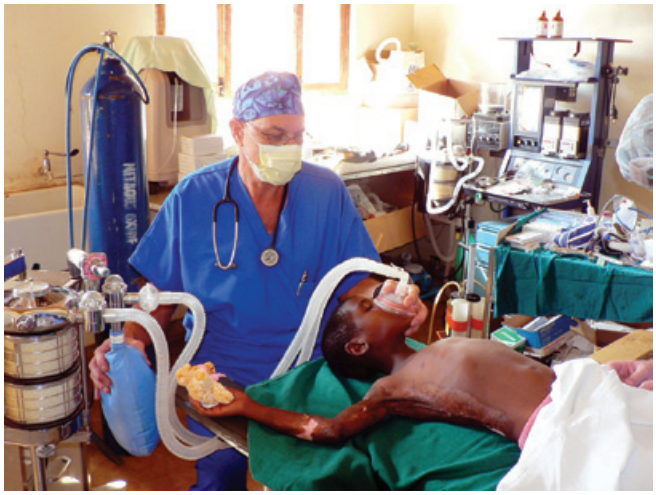
In 2005, I committed to a second medical mission looking for an anesthesiologist for a mission to Tanzania, an opportunity I found via the Internet. I never had any desire to go to Africa, but short missions in need of an anesthesiologist were rare, so I had decided to join that trip. The group included several medical doctors, nurses, nonmedical persons, a trauma surgeon, and me. The location was a remote church-run "hospital" which had two operating rooms (ORs). I was told that I would be using ether, which I had never used. It was still available at Iowa during my residency and one of my fellow residents did use it on one occasion, but I had no experience. So, I called Dr. **Marty Sokoll** for advice; thus I learned how to use ether. When I reached the "operating room," I found an ether vaporizer. That vaporizer didn't work, but fortunately a halothane vaporizer plumbed to an old Ohio machine, sans copper kettles, did work. We did use the ether to help start a generator. My anesthetics were mainly halothane, pentothal, and a muscle relaxant - I was set back 25 years in time. At first I tried some inductions 2000s style, but I soon learned why we did things the way we did them in the 1980s. We operated six days a week for two weeks from sun up 'til after dark, and when the power went out we continued with flashlights. A local physician and nurse anesthetist were performing a cesarean section in a second operating room while I was administering anesthesia in the first operating room. Some of our nonmedical personnel were observing the c-section and soon after the delivery, one of them came into my OR and mentioned to me that the newborn was not doing well. So I went to a box lying in the corner that was filled with miscellaneous stuff. I had surveyed that box on arrival and I knew it contained some 3.5 and 4.0 endotracheal tubes. I grabbed one


Above: Medical boat in the Amazon, 2004
Ether vaporizer, 2005
Ohio machine with added vaporizer, 2005

of the tubes and my laryngoscope and went to resuscitate the newborn. I intubated and then ventilated with room air and revived the infant. However, neither the surgeon, nor anesthetist, nor even the mother was thankful. I don't remember the sex of the infant, but it may have been a female and considered to be of little value - just another mouth to feed. At least our team members were thankful.

As part of the hospital there was a ward for about a dozen patients receiving care for wounds from leprosy. These patients were the most severe cases from a nearby village of 500 lepers. Some medical students were helping to care for those in the ward. It was like a scene from "Motorcycle Diaries."

The doctor and nurse, who were husband and wife, and who were asked by the church to improve the hospital, made it possible for medical missions and medical students to come and work there. Soon afterwards they moved to another church-run facility, also in Tanzania, to make a clinic from existing offices and to eventually build a hospital. They had become my friends, and when a group of gynecology surgeons were planning on doing surgery at the 'new' facility, I received an email asking if I would come again to provide anesthesia services. This time, the "OR" was no more than a room that we declared to be such. This time, the anesthesia machine was a 1980's Narkomed, which had arrived during my first trip to Tanzania; and I used it once a year for four more missions. I monitored the patients using a manual blood pressure cuff and a fingertip pulse oximeter. After a couple of years, I also gained an electrocardiogram monitor. Drugs were mainly propofol, rocuronium, toradol, small doses of ketamine, and pethidine postoperatively. Most of the women only required 25-50 mgs. pethidine following a hysterectomy and were up walking the next day.



Dr. Vanasco with burn patient, 2005

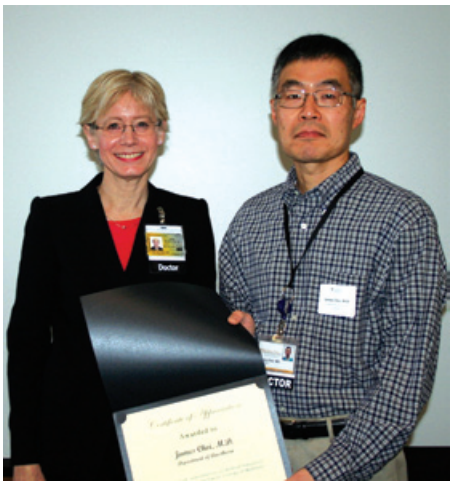
My sixth trip to Tanzania was to provide anesthesia for a group whose anesthesiologist backed out at the last minute, probably because he thought the equipment and supplies were inadequate. True, the anesthesia machine was now about 30 years old and the ventilator was not usable, but it did deliver halothane. I had learned to bring essentially all the drugs and equipment that I would need. I brought an anesthesia circuit and disposable filters, which I put between the circuit and the patient; also brought syringes, drugs, endotracheal tubes, intravenous sets and catheters, and etc. On my last trip, I was presented with a much newer anesthesia machine that had a sevoflurane vaporizer. The halothane vaporizer could not be fitted to the newer machine; and only halothane was available. I figured that the halothane could be used in the sevoflurane vaporizer, but I was brainwashed during my residency about the dangers of putting the wrong vapor into a vaporizer. So, I was concerned. I had only one evening to sort this, so I sent an email to U of I Anesthesia Department asking for advice. By morning, I had responses from several professors. My worries were then alleviated. Fortunately, the vaporizer was not so new that it required the special pin indexed tube for filling. Thus, I was able to administer anesthesia for surgeries done by a general surgeon, trauma surgeon, and a plastic surgeon - in a room designed for labor and delivery. We did about four surgeries each day, with the youngest patient about two months old.

The patients for whom we cared often expressed gratitude in one way or another. The family of one Masai woman who had surgery invited the surgical team to her home for dinner on a subsequent trip. We accepted the invitation and had a wonderful meal. And the President of Tanzania thought so highly of the gynecology team that his wife flew several hours across the country so that she could have surgery done by our team.

I paid my own way for travel, lodging, and meals. I brought my own supplies and drugs, most of which I purchased. I received gratitude from patients, my friends in Tanzania, and also from fellow team members, and kudos from those back home. However, my greatest reward was in the giving.

Stephen Vanasco, D.O.
*Resident 1980-1982*

# Achievements & AWARDS



UI Carver College of Medicine Dean, Dr. Debra Schwinn, Award recipient, Dr. Jim Choi

## Medical Education Day Award Recipient

Each year the University of Iowa Carver College of Medicine hosts the Medical Education Celebration Day, which recognizes faculty members nominated by each academic department who play a key role in medical education. The faculty recognized at this event have significantly contributed to medical student education or gone above and beyond the requirements of his or her job over the past year. The 2012 awardees included 22 faculty, among them **James Choi**, M.D., Clinical Associate Professor. Dr. Choi directs our medical student clerkship program, including the anesthesia externship. He also serves as Chair of the UI Carver College of Medicine Admissions Committee.

## Faculty Participation in Community Education

Elahi Foad

Lee Kral

*The Power Over Pain* community event was planned to share information with patients and caregivers about understanding pain and how to manage it. There were five different pain management disciplines present, providing interactive education and experiences. **Elahi Foad**, M.D., Associate, presented "What Is a Pain Doctor and What Does He or She Do?" Also presenting was **Lee Kral**, Pharm.D., Adjunct Assistant Professor. Her presentation was entitled, "Managing Pain with Medications." This educational opportunity was well attended.

## American Board of Medical Specialties Certification

Brent Hadder

**Brent Hadder**, M.D., Clinical Assistant Professor, passed his national board examinations in Hospice and Palliative Care (HPC). He's the first individual in our department to seek out and accomplish this. The Palliative Care Program at the University of Iowa Hospitals and Clinics (UIHC) was established in 1999, and prior to this most recent testing session, there were three university physicians certified in palliative medicine. Along with Dr. Hadder, two additional physicians participated in this most recent examination. All three were successful in becoming certified, thus bringing the UIHC total number of certified palliative medicine physicians to six. Iowa's Palliative Care team is made up of a number of disciplines, including doctors and nurses, a social worker, music therapist and chaplain.

Of note is that this certification testing is administered through Internal Medicine, and the American Board of Anesthesiologists recognizes the results. Per the American Board of Anesthesiologists, "Hospice and palliative medicine (HPM) is based on expanding scientific knowledge about symptom control when cure is not possible and appropriate care during the last stages of life. Research, teaching, and practice efforts in this field have led to a vast increase in knowledge in the effort to relieve suffering of seriously ill patients and their families. Physicians who acquire subspecialist-level knowledge and skills in hospice and palliative medicine largely practice in one of two distinct professional roles: 1) hospice medical director, and 2) institution-based palliative care practice.

## New Director Named to Clinic

Merete Ibsen

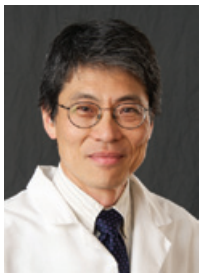
**Merete Ibsen**, M.D., Clinical Assistant Professor, has been named the Medical Director of the Peter J.R. Jebson Hyperbaric Medicine and Wound Care Clinic. She has been a very active member of the HBO team for a considerable time. Dr. Ibsen replaces Dr. **Shawn Simmons**, who has served as the director of HBO for many years, and is stepping down from this task to allow time to pursue other interests.

## First Place Awarded in Poster Presentation Contest

**Emily Petruccelli**, a third-year genetics graduate student in Dr. Toshihiro Kitamoto's research laboratory, was awarded first place in a poster presentation contest in the 2012 Genetics Graduate Program Retreat. She competed among more than 20 other individuals who submitted posters. In addition, Emily has also received a 3-year National Institutes of Health F31 predoctoral fellowship for her project entitled, "GPCR-mediated Nongenomic Steroid Actions in Control of Alcohol-induced Behavior."

# Achievements & AWARDS ...continued

## Research Grant Awarded



Toshihiro Kitamoto

**Toshihiro Kitamoto**, Ph.D., Associate Professor, has been selected as the recipient of an R03 research grant from the National Institute on Alcohol Abuse and Alcoholism for his project entitled, "A Novel GPCR-mediated Steroid Signaling That Controls Alcohol-induced Behavior." The National Institute on Alcohol Abuse and Alcoholism is a division of the National Institutes of Health. Dr. Kitamoto's project was selected because of its superior promise to rapidly produce novel findings for future projects using the R03 funding.

## Medical Director of Acute Pain Service Named

Ramprisad Sripada

**Ramprisad Sripada**, M.D., Clinical Associate Professor, has assumed the medical directorship of the Department of Anesthesia Acute Pain Service. For a long time, this service has been an integral part of our Pain Clinic; however, **Timothy Brennan**, M.D., Ph.D., Samir D. Gergis Professor, Vice-Chair for Research, Interim Director for Pain Medicine, and **Michael Todd**, M.D., Professor and Head of the department, determined that a greater degree of autonomy for acute pain is appropriate. Dr. Sripada has substantial experience in this area, having managed the Acute Pain Service at Vanderbilt prior to moving to Iowa. His expertise with regional anesthesia will also enhance the capabilities of the service.

## Dartmouth's Inaugural Master of Health Care Delivery Science Program Graduate

John Stark and Jean Robillard

Department Administrator, **John Stark**, M.B.A., M.S. Health Care Delivery Science, was one of 45 physicians, insurers, and policy makers to graduate from the nation's first-of-a-kind program from Dartmouth College. This program, a graduate degree in health care delivery science, is described as having been designed "to help improve patient care born out of a perception of shortcomings in how health care is delivered." University of Iowa Health Care (UIHC) leaders saw this program as an opportunity to educate their own and hand picked those to participate in Dartmouth's first-year class. In addition to Mr. Stark, other UIHC first class participants included a pediatric nephrologist and the director of the Child Health Specialty Clinic. This program involves 18 months of both onsite and online learning, with a new class beginning each July. Currently, UIHC has participants in the program's second class and is in the selection process for participants in the program's third class. According to the project's website, it is Dartmouth that knows the frustrations associated with the varying outcomes in the health care system. The college produces the Dartmouth Atlas of Health Care that has for 20 years "documented glaring variations in how medical resources are distributed and used" in the United States. Since the first class in this program began in July 2011, Mr. Stark has participated in attending classes at the Dartmouth campus every six months, as well as gathering with the class online once weekly for video tutorials.

Class members from each participating hospital or company formed "action learning projects" upon which to focus during the 18-month program, bringing together the three markers of medicine – scientific research, clinical practice, and evaluation science – to determine how best to provide medical attention to everyone who needs it. These action learning projects were designed as an opportunity for class participants to put their training to use in a practical setting, with real results. As a contributory project to this education program, all graduated classmates are working on authoring various segments of a white paper defining their vision of what health care reform should be. The separate parts will then be compiled into a single document, this class's platform on health care policy.

For John Stark, participation in the first class of this new education degree program represents a huge amount of work and learning, all towards an end product of improving our health care structure. One of his hopes is that all class participants will return to their institutions and businesses across the United States and teach their peers, applying the knowledge to enact change and improvement in health care delivery. There is no doubt that our department will reap the benefits of John's education.

## CRNA National Committee Appointment

Michael Anderson

**Michael Anderson**, CRNA, has been elected to serve as part of a national committee that is working to create a recertification for certified registered nurse anesthetists (CRNAs). The National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) announced their board of directors assembled four subcommittees to continue the development of the Continued Professional Certification (CPC) Program. The subcommittee members were selected from a pool of 85 highly qualified applicants. The four subcommittees are: Recertification Examination, Competency Modules, Continuing Education and Professional Activity Units, and Reentry and Audit. Each subcommittee is tasked with further specifying operational details in each topical area and identifying implementation timelines. Michael Anderson, CRNA, has been appointed to the Continuing Education and Professional Activity Unit subcommittee of the NBCRNA.

## SRNA Associate Program Director Named

Heather Bair

In conjunction with the College of Nursing, the Department of Anesthesia announces **Heather Bair**, D.N.P., CRNA, as the new Associate Program Director for the Anesthesia Nursing Program. **Cormac O'Sullivan**, Ph.D., CRNA, Director of the Doctor of Nursing Practice (DNP) nurse anesthesia program, was integral in the selection process. Heather graduated from Iowa's student registered nurse anesthetist (SRNA) program in 2005 and has been contributing through teaching ever since. As Associate Director of the anesthesia DNP program, Dr. Bair brings valuable expertise to share with our students, both through didactic lectures and clinical education. She will transition into her new role while maintaining her clinical appointment in the Ambulatory Surgery Center.

Our SRNA program produces some of the most clinically skilled CRNAs in the country and we maintain a 100% pass rate on the national board examinations. Dr. Bair's involvement in our SRNA educational program will only ensure the continuation of this perfect record!

## Newly Certified Diplomates in American Board of Anesthesiology

Our department is proud to announce that two additional 2011 resident graduates have successfully completed both the written, and most recently, the oral board exams to qualify as diplomates certified by the American Board of Anesthesiology (ABA). These individuals are former residents, **John Klein**, M.D., and **Trevor Ponte**, D.O. This board certification is an important milestone in the careers of these anesthesiologists, and we salute their success. We also look forward to providing you news of future ABA diplomates as more are assigned examination dates and successfully complete the process.

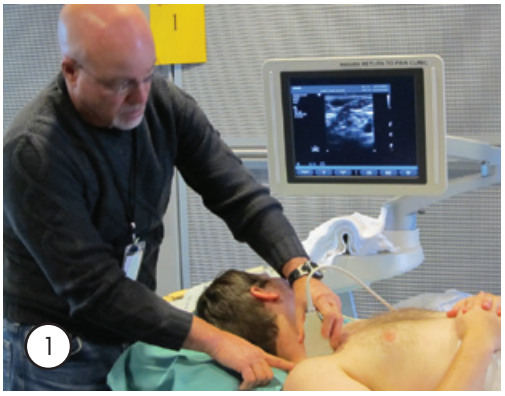
## Evidence-Based Practice Staff Nurse Internship

Nicole Ranney

**Nicole Ranney**, B.S.N., R.N.-B.C., Center for Pain Management and Regional Anesthesia, received a positive response from the Research & Evidence-Based Practice Committee regarding her application for an internship. Her project is entitled, "Low Dose Ketamine Infusion for Postoperative Pain." The internship begins with the Spring 2013 semester, with graduation planned for April 11, 2014. During her internship, she will work closely with Sharon Baumler, A.P.N., and Trudy Laffoon, Nurse Manager, members of the UI Health Care team. Funding for this internship is provided by UIHC. The internship schedule allows Ms. Ranney to attend the 20th National Evidence-Based Practice Conference in April, 2013.

## Stuart Cullen Award Recipient

**Anna Riessen**, senior medical student and anesthesia extern, has been selected the 2013 recipient of the Stuart Cullen Award. This honor is voted upon by the anesthesia residents and awarded to a senior medical student extern who, by scholastic achievement and clinical performance, has demonstrated outstanding capabilities in the field of anesthesiology during the senior clerkship in the department. A monetary gift accompanies this award. Dr. **Stuart C. Cullen**, who attended medical school at the University of Wisconsin and completed a residency in anesthesia at Belleview Hospital in New York, was recruited to the University of Iowa in the fall of 1938 as the Chief of the Anesthesia Division. At that time, anesthesia services were a division of the Department of Surgery. Under Dr. Cullen, the program flourished by the late 1940s. While principally known as a clinician and educator, he understood the importance of research. Dr. Cullen left Iowa in 1958 to become Chair of the Department of Anesthesia at the University of California, San Francisco.



## SnapSHOTS

### Continuing Education

1. Gregor Lind at RASCI course
2. Christopher Buresh, Gail Vandewalker, Robert Raw, Christine Botkin
3. Jeff Buffo, Robert Raw, Sara Nesler Schaefer


# Mark your calendars!

Upcoming Iowa Anesthesia Department CME Conferences

Each conference offered through our department is approved for allowance of CME credits to the participating professional. Detail regarding the upcoming conferences can be found on the department's web site at http://www.anesth.uiowa.edu. Should you have specific questions regarding a conference, you may email or call the College of Medicine CME office contact, Lori Bailey Raw. She can be reached via e-mail at lori-bailey@uiowa.edu or by telephone at **319-335-8599**.

**Regional Anesthesia Study Center of Iowa (RASCI)**
May 11-12, 2013
October 19-20, 2013
November 16-17, 2013
Iowa City, IA

**Midwest Anesthesia Residents Conference**
April 26 – 28, 2013
Westin Crown Center, Kansas City, MO

**Iowa Anesthesia Symposium XIII**
May 4 – 5, 2013

**Operations Research for Surgical Services**
August 22–25, 2013
Iowa City, IA

## **Other Upcoming Events

The following special events are being planned. Mark the dates on your calendars, as we welcome you to join us. Contact Barb Bewyer via email at barbara-bewyer@uiowa.edu or by telephone at **319-353-7559**.

**Iowa Association of Nurse Anesthetists Spring Meeting**
May 3 – 5, 2013
Holiday Inn and Suites, West Des Moines, IA
http://www.iowacrnas.com

**Anesthesia Department Spring Barbeque**
Saturday, June 1, 2013
Home of Dr. Tyrone Whitter, Iowa City, IA

**UI Carver College of Medicine Alumni Reunion**
Friday - Saturday, June 7 – 8, 2013
Carver College of Medicine campus, Iowa City, IA
http://www.medicine.uiowa.edu/Alumni/alumni_weekend.htm

**UI Department of Anesthesia 50th Reunion Celebration Weekend**
Friday-Sunday, June 14 – 16, 2013
Iowa City, IA
*See Page 1 article in this newsletter issue.*

**Department of Anesthesia "Day at the Kernels"**
Saturday, July 13, 2013
Cedar Rapids, IA

**American Board of Anesthesiology Maintenance of Certification in Anesthesiology Exams**
July 13 – 27, 2013
http://www.theaba.org/home

**UI Department of Anesthesia Alumni Reception during Annual ASA Meeting**
Saturday, October 12, 2013
7:00 – 9:30 p.m.
San Francisco, CA

# Department Residents Serve as Delegates to the ASA

Sarah Eisen, M.D. (CA-2, junior delegate), and Brent Freeman, D.O. (CA-3, senior delegate)

Sarah Eisen

Brent Freeman

"As my residency draws to a close in the coming year, I can be proud of the support my residency program has given me to facilitate academic and educational endeavors such as ASA 2012."

– Brent Freeman, D.O.

Two residents from our department were elected to represent the state of Iowa at the 2012 American Society of Anesthesiologists (ASA) national meeting in Washington, D.C. this past October. **Sarah Eisen**, M.D. (CA-2, junior delegate), and Brenton Freeman, D.O. (CA-3, senior delegate) were the delegates elected to the two-year position, by their fellow residents. The theme, "Transforming patient safety through education and advocacy" was evident throughout the conference and provided a foundation for learning as well as discussions on improving our specialty. This was Dr. Eisen's first year attending an ASA meeting, while Dr. Freeman attended in 2011. Brenton's experience provided familiarity to share with Sarah about the role of the delegate and the opportunities that the conference offered, noting that one of the primary responsibilities was participating in the ASA Resident House of Delegates.

The residents' portion of the House of Delegates provided the opportunity to hear panels, discussions, and guest speakers, as well as presented the responsibility of voting on motions and upcoming executive office positions. One of the guest lecturers was an anesthesia assistant. These positions are not represented in our Iowa department; thus, our delegates were excited to learn more about this role in the anesthesia profession. Sarah and Brenton also attended the Iowa Society of Anesthesiologists annual meeting held during ASA where they discuss state and national issues affecting practitioners in Iowa. This interaction provided a unique opportunity to observe firsthand how political action is implemented and utilized to facilitate the practice of anesthesia on a state and national level.

In addition to delegate duties, Sarah and Brenton attended multiple lectures, panels and problem-based learning discussions by national leaders in our field. During this meeting, both resident delegates were educated on the goals of the ASA resident component for 2013, the political activity of the ASA, and the various forms of involvement that are available to residents within the ASA. In addition, they learned about some of the philanthropic projects with which the ASA is involved. The ASA's national "Lifebox" campaign is something that both of our representatives are heading as a project for the anesthesiology residency at the University of Iowa. Lifebox is a program that raises money with the goal of supplying every operating room in the world access to a pulse oximeter.

Sarah and Brenton also assisted faculty member, **Sarah Titler**, M.D., Clinical Assistant Professor (MD '04, R '08), as representatives for our department at a medical student information forum. Over 100 medical students from around the country visited to listen and learn about the strengths of our residency program. While our crew was exhausted after another long day, they were also "energized" from interacting with enthusiastic medical students who showed interest in our incredible resident learning environment.

With minimal free time, Sarah and Brenton took advantage of all opportunities to attend educational sessions and network with attendees regarding fellowship and job opportunities. Both Sarah and Brenton attended our department's alumni reception held annually during the ASA meeting. It was a great experience to interact with alumni in attendance, sharing stories of resident life today, and listening to stories of resident life from years ago. Our department was delighted to have so many people in attendance.

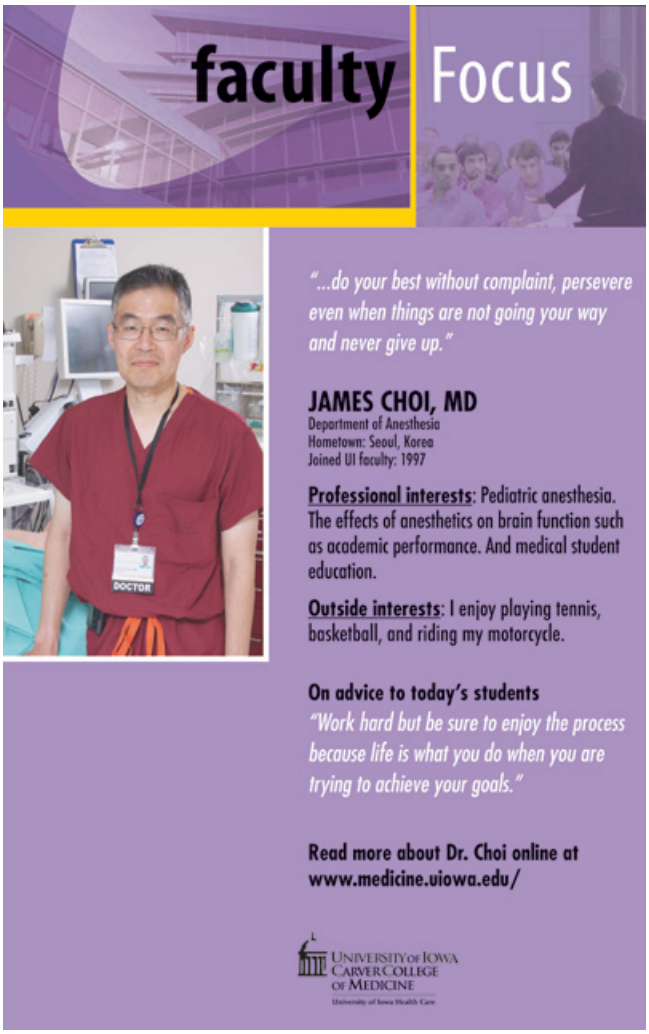
Sarah is looking forward to attending the 2013 ASA meeting in San Francisco, representing our department as the senior delegate. Brenton expects he will continue to attend and support this annual conference. Both residents are grateful for the support from throughout the department. They were supported both financially, allowing them to be able to attend, as well as by their peers who stepped in to cover for them clinically during the absence.

## Faculty Focus

# James Choi, M.D., Clinical Associate Professor

Director, Medical Student Clerkships; Chair, UI Carver College of Medicine Admissions Committee

The following interview first appeared on the Carver College of Medicine Web site as a project of the Office of Faculty Affairs and Development, and can be located at **http://www.medicine.uiowa.edu/facultyfocus.aspx?id=9896**. It is with permission that we reprint it in our newsletter.




**What is your hometown?**
Seoul, Korea. I moved to Iowa City in 1977.

**When did you join the University of Iowa faculty?**
1997

**How/when did you become interested in science and medicine, and Anesthesia?**

My father is an Anesthesiologist as well. He encouraged me to consider a career in medicine. Initially, I rejected his suggestion and planned to become a mathematician and received a BA in mathematics from Northwestern University. Eventually, while working in a research lab and after some shadowing, I realized that I wanted to become a physician.

**What interested you to pursue a career in Anesthesia?**

To be honest, I backed into Anesthesiology. After doing all the clinical rotations, I had rejected all the specialties except Internal Medicine and Anesthesiology. From there, with my father's urging, I chose Anesthesiology. I have been very happy with my choice. I can't think of anything else I would rather be doing. I love all aspects of my work at the UI CCOMCarver College of Medicine.

**Is there a teacher or mentor who helped shape your career?**

I can think of two: my father, Dr. Won W. Choi, Obstetric Anesthesiologist, and Dr. Robert Forbes, Pediatric Anesthesiologist.

My father is a quiet but confident person. He taught me to do your best without complaint, to persevere even when things are not going your way, to never give up.

Much of my clinical practice in Pediatric Anesthesiology has been influenced by the teachings of Dr. Forbes. I have shamelessly borrowed, imitated, and modified many of his techniques to make them my own.

**How or why did you choose the University of Iowa?**

After finishing my Anesthesia residency, I worked in private practice in Marshalltown, Iowa, for a year. I came back to Iowa City to do a Pediatric Anesthesia fellowship. While searching for the "perfect job," an opportunity to participate in M1 teaching in CBL (Case Based Learning) came up and I was hooked.

**What kinds of professional opportunities or advantages does being a faculty member at an academic medical center provide?**

I have the chance to share ideas and interact with some of the best physicians in their respective fields. I am never bored because I have an opportunity to see the most unusual and challenging cases.

**Please describe your professional interests. What led to your interest in Anesthesia?**

My specialty area is Pediatric Anesthesia. Currently, I am involved in a study to see if exposure of the developing brain to anesthetics affects brain function such as academic performance. There are some animal studies that suggest the potential neurotoxicity of anesthetics. I am interested in finding out if this is applicable in clinical situations.

I am also interested in medical student education. I really enjoy teaching M1's via CBL. Out of curiosity, I answered a call to sign up to be a facilitator for the M1 CBL course. I enjoyed teaching medical students so much I ended up staying at the UI CCOM Carver College of Medicine rather than entering private practice. Also, as Director of the Anesthesia Clerkship and Senior Anesthesia Externship program, I have the chance to help educate the medical students interested in the field of Anesthesia.

I have been involved in UI CCOM's Carver College of Medicine's Admissions Committee for many years and as the chair for the last six years. I have always been interested in the admissions process. I believe it is one of the most important parts of my work, helping to select future physicians.

**What are some of your outside interests?**

I enjoy playing tennis, basketball, and riding my motorcycle.

**Do you have an insight or philosophy that guides you in your professional work?**

I like the saying, "" If you love what you do, you will never have to work a day in your life." I am excited every day to come to work whether I am taking care of patients in the operating room or teaching medical students. I feel fortunate to do what I love and get paid for it.

**What is the biggest change you've experienced in your field since you were a student?**

The amount of knowledge that has accumulated is staggering. However, the advance in computer technology has made it possible to use the information effectively. I am also finding that the Internet has allowed patients to be much better informed.

**What one piece of advice would you give to today's students?**

Work hard but be sure to enjoy the process because life is what you do when you are trying to achieve your goals. Find an area that you are can be passionate about so that it's more than just a job.

**What do you see as "the future" of medicine?**

I see technology playing an increasingly larger role. However, we can't forget that it's only a tool; physicians must listen and "touch" the patients to heal their bodies and minds.

**In what ways are you engaged with the greater Iowa public (i.e., population-based research, mentoring high school students, sharing your leadership/expertise with organizations or causes, speaking engagements off campus, etc.)?**

As a chair of the UICCOM's UI Carver College of Medicine's Admissions Committee, I have given talks during the annual Premedical Conferences. In addition, I have traveled to various colleges around the state of Iowa to explain the medical school admissions process and to encourage students to apply to the UICCMUI Carver College of Medicine.

# OF **Special** INTEREST

## Next Generation of Iowa-trained Anesthesiologists?

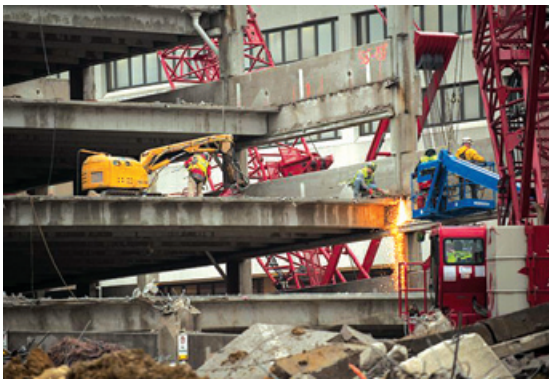
Go ahead – count them! You should find a total of 44 beautiful faces in the accompanying photograph. Yes, forty-four! Even more amazing is that if ALL children that qualify for inclusion in this group would have been present, you would count 72 beautiful faces. Yes, seventy-two! This photo was taken at our community's Children's Museum. These faces represent children of our current four classes of anesthesia residents. Isn't this absolutely incredible? In addition to 72 children born, there are three more on the way. This could change by the time this newsletter issue is published! Our chief residents, Drs. **Ezra Hallam** and **Matt Kidwell** show this photo to all of our interviewing resident recruits. They describe the photo as "the best out of about 100 shots taken," and the experience "akin to herding cats – multiple kids were crying, and multiple kids were threatened with violence if they didn't smile pretty." Upon inquiry, it was learned that the "being threatened with violence" part was just a joke. Seriously, isn't this just incredible? We have a total of 53 residents with a combined total of 72 children. And this doesn't even include those currently in fellowship programs here.

## Parking Challenges at UI Hospitals and Clinics

In the January 20, 2013 issue of the university e-publication IowaNow, there is an article entitled, "Big Changes in Parking at UI Hospitals and Clinics," authored by Kristine Bjork from UI Health Care Marketing and Communications, with *IowaNow*'s Tim Schoon providing the accompanying photos. Permission has been granted for us to quote the article and share the photos. The full text, plus a video, can be viewed at http://now.uiowa.edu/2013/01/big-changes-parking-ui-hospitals-and-clinics.

For everyone traveling to the UI Hospitals and Clinics who needs to park a vehicle, new challenges have been presented – for patients, visitors, faculty and staff, business partners, alumni – everyone. We are all aware that hospitals and universities generally always are in the midst of a construction project. The most recent project at UIHC involves multiple structures, with the end result primarily for the benefit of patient care, but also for those of us working and visiting our health care campus.

**Hospital Ramp 2**—the parking garage located directly in front of the hospital—is now being demolished as part of the health care campus master plan, which includes the new UI Children's Hospital. The loss of one parking ramp has meant a reassignment of many parking spaces for faculty and staff and for the public. Hospital Ramps 1, 3, and 4 are now being used primarily for patient parking, while more than 500 staff parking assignments have been dispersed to nearby surface lots until a new underground parking ramp is completed for patients and families. 'It is essential that we keep patient safety and patient parking proximity as our top priority,' says George Mejias, director of capital management for UI Hospitals and Clinics.



Workers continue to methodically dismantle Hospital Ramp 2 on Tuesday. The project began in late December and is expected to take about three months to finish.

**Much has been done** to keep staff interim parking reassignments as close to UI Hospitals and Clinics as possible, including the addition of two surface lots: one just south of Melrose Avenue and the other just

north of Kinnick Stadium. The university purchased and demolished nine houses to build the new surface lot just south of 711 Melrose Ave. They also kept intact

The view of the demolition looking north. Photos by Tim Schoon, *IowaNow*.

and moved a historic red barn on the site. Dave Ricketts, director of UI Parking and Transportation, stresses that the changes are being made with patients in mind, and he adds that parking will improve.

**Destruction of the ramp** is timely and methodical; rather than imploding the structure or knocking it down with a wrecking ball, crews are deconstructing the ramp's 800 slabs of concrete one at a time. It takes about an hour for crews to remove and crush each slab, which means the demolition, which is already underway, will be about a three-month process. The slabs are being crushed and recycled for use in future roadways, and the metal rebar in each piece will also be recycled. By regulation, demolition crews must recycle at least 75 percent of the material that comes down.

**Hospital Ramp 2** will be replaced with four levels of underground parking, which is set for completion in the spring of 2015. It will contain 652 spots, approximately the same number as the old Ramp 2. A new glass skyway sits less than 10 feet from the north end of the ramp, making the dismantling of Ramp 2 even more of a challenge. This skyway crosses over Hawkins Drive to Hospital Ramp 3 and the recently opened West Campus Transportation Center (WCTC)."

Meanwhile, Hospital Ramp 4 and its adjoining parking structure have been modernized, increasing the number of parking spots from 756 to 1,004 spaces for patient parking. This involved changing the configuration of the ramp, re-routing traffic, moving cashier booths, and installing new signage, requiring a cooperative effort between the university and UI Hospitals and Clinics. Also, changes are being made to the Field House (not altering the original brick structure) to allow traffic from South Hospital Drive to merge with South Grand Avenue.

When our alumni visit the health care campus in June for our reunion celebration, you will notice several new changes around the health care campus. For some, these changes combined with the many other changes to the university and the community, will cause you to wonder if you're really back in Iowa City! You will be "home," and we look forward to greeting you and showing you around.

## Unique Visiting Physician Arrangement

Our department hosted its first physician in a new program arrangement with the Aijinkaie Healthcare Corporation and the Takatsuki General Hospital in Takatsuki, Japan. Hajime Sakamoto, M.D., spent the three-month period of October through December 2012 with us, the first junior faculty physician to participate in this annual opportunity. There are already three additional physicians from Takatsuki General Hospital awaiting participation. Dr. Sakamoto attended Tokyo Medical University, participated in an anesthesia residency at Kobe Medical Center in Kobe, Japan, and served as senior resident at Akashi Medical Center in Akashi, Japan. He is board certified in perioperative transesophageal echocardiography. In addition to improving clinical skills, a focus for Dr. Sakamoto was observing how our department runs administratively. Dr. Sakamoto's wife and child accompanied him to Iowa City.

Hajime Sakamoto

## Critical Care Unit Renamed

The Surgical Intensive Care Unit (SICU) has transitioned to a new name – Surgical and Neuroscience Intensive Care Unit (SNICU). The reason for the change is to ensure that the entire scope of practice in the area is represented in its name. Patient care and unit operations remain the same. For years, this unit has been under the direction of the Anesthesia Department. Currently, **Kent Pearson**, M.D., Associate Professor, serves as the medical director for the SNICU. Dr. Pearson completed his anesthesia residency in our department in 1984, followed by a fellowship in intensive care in 1985.

## Resident-Faculty International Medical Mission Trips 2013

Our department participated in two international medical mission trips this year. We again wish there were more opportunities we were able to take advantage of, but perhaps next year. In conjunction with the Rotary International of Iowa City Miles of Smiles Team (MOST), from February 14 through February 24, senior residents **Juan Ruiz**, M.D., and **Jonathan Swade**, D.O., were joined by faculty members **David Swanson**, M.D., and **Martin Mueller**, M.D., both Clinical Assistant Professors. Their destination was Hospital de Especialidades in Huehuetenango, Guatemala. From February 16 through February 28, faculty member **Sarah Titler**, M.D., Clinical Assistant Professor, traveled with senior resident, **Michael Austin**, M.D., to the University of Santander Hospital, Bucaramanga, Santadar, Columbia. This trip was sponsored by the Milwaukee Medical Mission. Watch for their stories relating their experiences in an upcoming newsletter issue.

## Medical Student Research Day


Emine Bayman

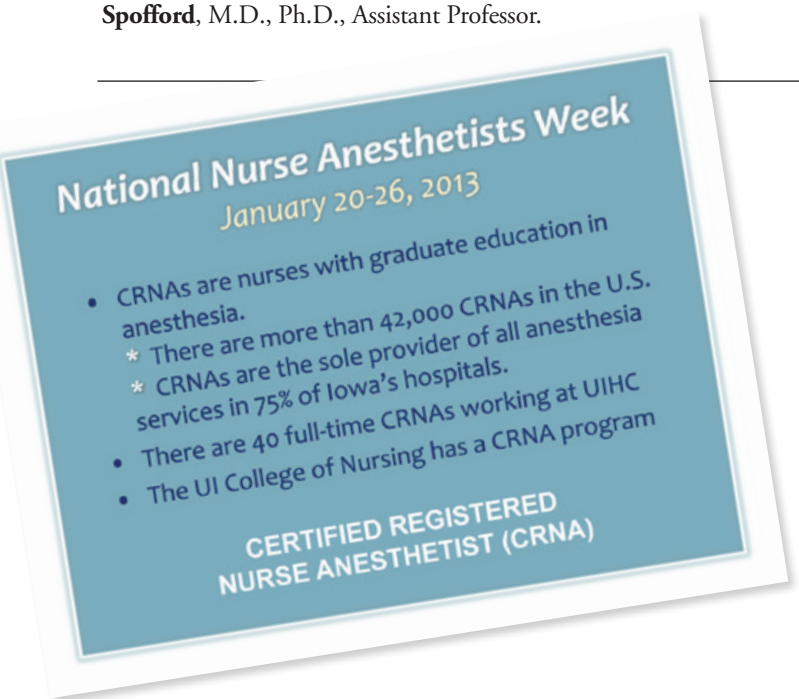

Nicholas Mohr


Clark Obr


Christina Spofford

Medical Student Research Day is a day for the Carver College of Medicine community to enjoy learning about research projects conducted by medical students in the college. First and second year medical school classes are suspended for the day so all can take advantage of this opportunity. Over 100 student research presentations were presented at the 44th annual event in late 2012. The day began with both oral and poster research presentations throughout the morning, followed by a keynote address by a distinguished CCOM faculty member. The day concluded with a celebration dinner when the best research presentations were recognized with certificates and nominal cash awards. This event is sponsored by the Medical Student Research Club and Medical Student Research Council. Funds are provided by University of Iowa Student Government.

Representing the anesthesia department, participating as judges in this year's event, were four faculty members: **Emine Bayman**, Ph.D., Assistant Professor, **Nicholas Mohr**, M.D., Clinical Assistant Professor, **Clark Obr**, M.D., Clinical Associate Professor, and **Christina Spofford**, M.D., Ph.D., Assistant Professor.




## Celebration of CRNA Week


Denise Stuit

Always up for celebrating, our department honored our Certified Registered Nurse Anesthetists (CRNAs), along with our student nurse anesthetists (SRNAs), during the week of January 20-26, 2013. This was National Nurse Anesthetists Week, and we provided lunch for the crew one day and cookies another. **Denise Stuit**, Chief SRNA, created the poster/screen saver accompanying this announcement as a means to increase awareness. There was an information table located in the hospital's main lobby that provided information regarding the profession and what these clinicians contribute to patient care here at University of Iowa Health Care.

## Alumnus Delivers FAER Lecture at ASA


Judy R. Kersten

**Judy R. Kersten**, M.D., was selected to deliver the Foundation for Anesthesia Education and Research (FAER) 12th FAER Honorary Research Lecture during the 2012 annual meeting of the American Society of Anesthesiologists. This lecture identifies remarkable scholarship by an anesthesiologist and encourages others to pursue careers in research and teaching. Guess where Dr. Kersten completed her anesthesia residency? You guessed! She trained in Iowa's department from 1988-1992. She also was awarded the Carver College of Medicine Distinguished Alumnus Award for Early Achievement in 2004.

Dr. Kersten chose as her FAER lecture title, "What's So Bad About Being Sweet?" She presented how diabetes and hyperglycemia contribute to increasing perioperative risk through adverse effects on the coronary circulation, nitric oxide regulation, and cardioprotective signaling using evidence from both basic science and clinical research.

Currently Professor of Anesthesia at the Medical College of Wisconsin, Dr. Kersten has been there since 1992. Iowa is very proud to call her "one of our own."

## New CCOM Dean Named

Debra Schwinn

As many of you know, **Donna Hammond**, Ph.D., Professor, Departments of Anesthesia and Pharmacology, has led the institution's medical college as acting dean since the departure of Paul Rothman, M.D., who began serving in his new position at Johns Hopkins on July 1, 2012. Since 2010, Dr. Hammond had served as interim executive associate dean. Effective November 1, 2012, **Debra Schwinn**, M.D., Professor, became the new Dean of the Carver College of Medicine. Dean Schwinn becomes the first female to lead the school, as well as the first anesthesiologist. She holds a faculty position in our department, and plans to join our faculty in the main operating room, as well. Prior to joining us, Dr. Schwinn served as the Allan J. Treuer Endowed Professor in Anesthesiology & Pain Medicine, chair of that department, and also held an adjunct professorship in the Department of Pharmacology and Genome Sciences at the University of Washington in Seattle.

Just prior to joining us at Iowa, Dean Schwinn delivered the John W. Severinghaus Lecture on Translational Science during the October 2012 annual meeting of the American Society of Anesthesiologists (ASA). She selected as her title, "Genomics and Medicine: Present and Future." Dr. **John Severinghaus** has a rich tie to Iowa's Department of Anesthesia, as a 1957 graduate of our residency program, under then department head, Dr. **Stuart Cullen**.

Dean Schwinn also made time to attend our department's alumni reception held in Washington, D.C. during the ASA. She was welcomed and introduced by **Michael Todd**, M.D., Head, Department of Anesthesia. Our department sponsors several medical students to attend the ASA meeting, and as they were also in attendance at our alumni reception, it was a particular thrill for them to meet their new dean.

# of Special Mention

## Carolyn J. Dorner, M.D.

**Dr. Carolyn Jeanne Dorner** passed away in Des Moines on June 13, 2012. Carolyn was born in Iowa City to Geneva Bloom Dorner and Dr. Ralph (Bud) Dorner. She grew up in Des Moines and graduated from Theodore Roosevelt High School. Carolyn attended Carleton College and earned a B.A. from the University of Iowa (' 59), as well as master's degrees in English and Public Health from Harvard. She taught English early in her career before realizing her dream of becoming a physician. She completed her medical degree at the University of Iowa (MD '68, R '78, F '97) and practiced anesthesiology for many years. In retirement, she volunteered and traveled extensively, participating recently in a medical education mission in Tanzania. Of all her accomplishments, she was most proud of her role as a mother.

Carolyn is survived by her brother, Douglas (Carole); her four children, Scott Sidney (Amy), Erika Sidney, Matt Sidney (Colette), Adam Sidney; four grandchildren, and her companion, Vic Harville.

## Donald A. Paulsen, M.D.

**Donald Arthur Paulsen** passed away on July 15, 2012 at Manor Care Nursing Home, in Dubuque. Donald was born on a farm near Keystone, IA on March 20, 1923. He attended Big Grove Country School No. 9 and graduated from Keystone High School in 1939. He attended Iowa State University until drafted for service to Camp Hood, Texas. After six months, he was sent to the University of Ohio and then to the University of North Dakota for pre-medical studies. In 1945, he married his high school classmate, Ruth Franzenburg, at St. John's Lutheran Church in Keystone. In 1949, he graduated from the University of Iowa College of Medicine. After completing his internship at St. Luke Hospital in Cleveland, Ohio, he moved with his family to Augsburg, Germany to serve as a medical officer with the 539th General Dispensary. In 1952, he returned to general practice in Victor, IA for 9 years. He then returned to the University of Iowa and completed his anesthesia residency in 1963. He practiced in Cedar Rapids for 25 years.

He is survived by his wife of 66 years, Ruth, and three children, Gretchen (Bill) Enke of Fort Dodge, Greg (Mary Coan) Paulsen of Dubuque, and Gordon Paulsen of Cedar Rapids; seven grandchildren; and seven great-grandchildren. He also leaves his sister, Dorothy Drahos, brother, Herman (Ilene) Paulsen, Jr., and several nieces and nephews. He was preceded in death by a daughter, Glenda Paulsen, his parents, Herman and Ella Paulsen, a sister, Ruby Tefer, and a brother, Russell Paulsen.

Working in the area of palliative care has made me a better anesthesiologist

Palliative Care Service

# An Anesthesiologist's Perspective

Brent Hadder

I'm often asked why I deliver palliative care, and I find that it is not an easy answer to provide. I had my first experience in palliative medicine during a medical student rotation in Birmingham, Alabama. I spent a month talking to patients and families. I was actually on this rotation during resident match day, when I learned I would be coming to Iowa to complete my anesthesia residency. Since I was going to be practicing anesthesia, I thought at that time there would be little need for my experience on that rotation.

Let's take a look at what palliative care really is. The word palliative is from Latin palliare, which translated means "to cloak." Unlike hospice care, palliative medicine is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of life. A World Health Organization statement describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual." (WHO Definition of Palliative Care, World Health Organization. http://www.who.int/cancer/palliative/ definition/en/. Accessed 01/10/2013.) The University of Iowa Hospitals and Clinics maintains a Web site that defines this field of medicine quite well. "Palliative care is defined as 'relieving or soothing the symptoms of a disease or disorder.' Many people mistakenly believe this means you receive palliative care only when you can't be cured. Actually, palliative medicine can be provided by one doctor while other doctors work to try to cure an illness. Palliative care is for people of any age, and at any stage in an illness, whether that illness is curable, chronic or life threatening. In fact, palliative care may actually help you recover from your illness by relieving symptoms such as pain, anxiety or loss of appetite, as you undergo sometimes-difficult medical treatments or procedures, such as surgery or chemotherapy." (University of Iowa Hospitals and Clinics. http://www.uihealthcare.org/otherservices.aspx?id=20632. Accessed 01/10/2013.)

I moved to Iowa in the summer of 2004 and started my training in anesthesia. I developed an interest in critical care, applied for and was accepted into a critical care fellowship here in Iowa, and I stayed on as staff. I learned during this time that we do lots of things to keep people alive, but not necessarily add to their quality of life. I also realized that people have different goals for their lives, and they have made decisions of how they would like care at the end of their life to be carried out. I had to learn to respect that my patient's beliefs may not coincide with my own. In the critical care world, our goal is often to do everything possible to get patients through a serious illness, with hopes that they can recover and move on to rehabilitation and back to their normal lives. And this does happen; however, sometimes it does not. We encounter patients whose decision is for healthcare providers to not attempt resuscitative efforts. I found myself often having to explain what we were doing was not working, or speaking to families about their loved one's wishes.

So, I found myself in the surgical and neuroscience intensive care unit (SNICU) here at the University of Iowa Hospitals and Clinics (UIHC) speaking to families, going over various options, and working with those family members on goals of care. I spent time caring for people of all ages at the end of their lives. I also spent time supporting families, as well as the patients, during this difficult time. I worked with the palliative care team very frequently. I told one of the nurse practitioners that I had some palliative care experience from medical school, and shortly thereafter I was asked to join the team. This gave me the opportunity to work toward board certification over the past three years.

It is important to recognize that compassionate palliative care involves a team of professionals. The Palliative Care Program at UIHC was established in 1999. Here, as well as in other healthcare settings, the goals of the palliative care team are: to provide relief from pain and other uncomfortable symptoms; assist the patient and the patient's family in making

difficult medical decisions; coordinate care between all of the patient's healthcare providers, helping the patient and family navigate the complete health care system; guide the patient in making a plan for living well, based on needs, concerns, and goals for care; and finally, provide the patient and his/her loved ones emotional and spiritual support and guidance. It is important to note that when a patient agrees to palliative care, it does not mean he/she is giving up. Again, the Web site for UIHC's Palliative Care Program states it best: "Palliative care is the multidisciplinary approach to patients with life-threatening illnesses. Palliative care affirms life by supporting the patient and family's goals for the future, including their hopes for cure or life-prolongation, as well as their hopes for peace and dignity throughout the course of illness, the dying process, and death. Palliative care aims to guide and assist the patient and family in making decisions that enable them to work toward their goals during whatever time they have remaining." Accomplishing this involves enabling shared decision making between the team members and the patient/family, with the goals clearly defined by the patient to drive the process.

UIHC leaders announced recently that our adult and pediatric palliative care teams were the first such programs in Iowa to achieve advanced certification in palliative care from the Joint Commission. This also placed us as the ninth hospital in the nation to receive this certification. launched by the Joint Commission on Accreditation of Healthcare Organizations in September of 2011. UIHC deserves to be very proud of this certification, as not all large hospitals in the United States even have palliative care programs and designated hospital units. We are fortunate to be able to care for both adults and pediatrics through our program.

Unfortunately, I have found there are families, patients, and even physicians who consider palliative medicine as giving up and not caring. It's not at all. We treat cancer patients with chronic pain who are not at the end of their lives. We discuss goals of care with patients who are not at the end of their lives, as well. However, we do help patients and their families at the end of their lives, and this association I believe has led to the misconception that when we are called patients and families have given up.

In our world of healthcare, we focus on cure as success and that is a major goal. I think as healthcare providers, we should never abandon that goal, but we must understand that there are many diseases for which there is no cure. These diseases still cause pain and suffering for patients and their families. These patients continue to need support, compassion, and caring from us in healthcare. In palliative medicine, we understand that sometimes there is no cure for a disease and we cannot stop its progression. We also understand that this will lead to death. We cannot stop that from happening, but there are things we can do. These diseases do cause symptoms - pain and nausea for example. We do have therapies to help with these symptoms. We can also be there to help support patients and families during these times. These things are caring for our patients, and we have not given up on them. Our goals are to give them the best quality of life they can have with what time they have left.

Working in the area of palliative care has made me a better anesthesiologist, intensivist, and overall a better physician. I have learned to be more compassionate, understanding, and patient over the past several years. It is not easy to have some of these difficult conversations at the end of life, and no one wants to see their loved one go. I deal with a very wide array of emotions during these conversations, and I have to understand that anger is part of grief. People often display anger in their grief, and sometimes stress from issues happening elsewhere is inevitable. It does happen that families and patients can be angry at me for giving bad news. However, I am often thanked afterwards, for being there to have the conversation with them. This is where I find my work very rewarding. I don't do anything fancy, no technological wonders, and no miracle drug. I sit down, I talk, and I listen. This means so much to people, and they really appreciate it.

Brent Hadder, M.D.
*Clinical Assistant Professor*

**...our adult and pediatric palliative care teams were the first such programs in Iowa to achieve advanced certification in palliative care from the Joint Commission.**

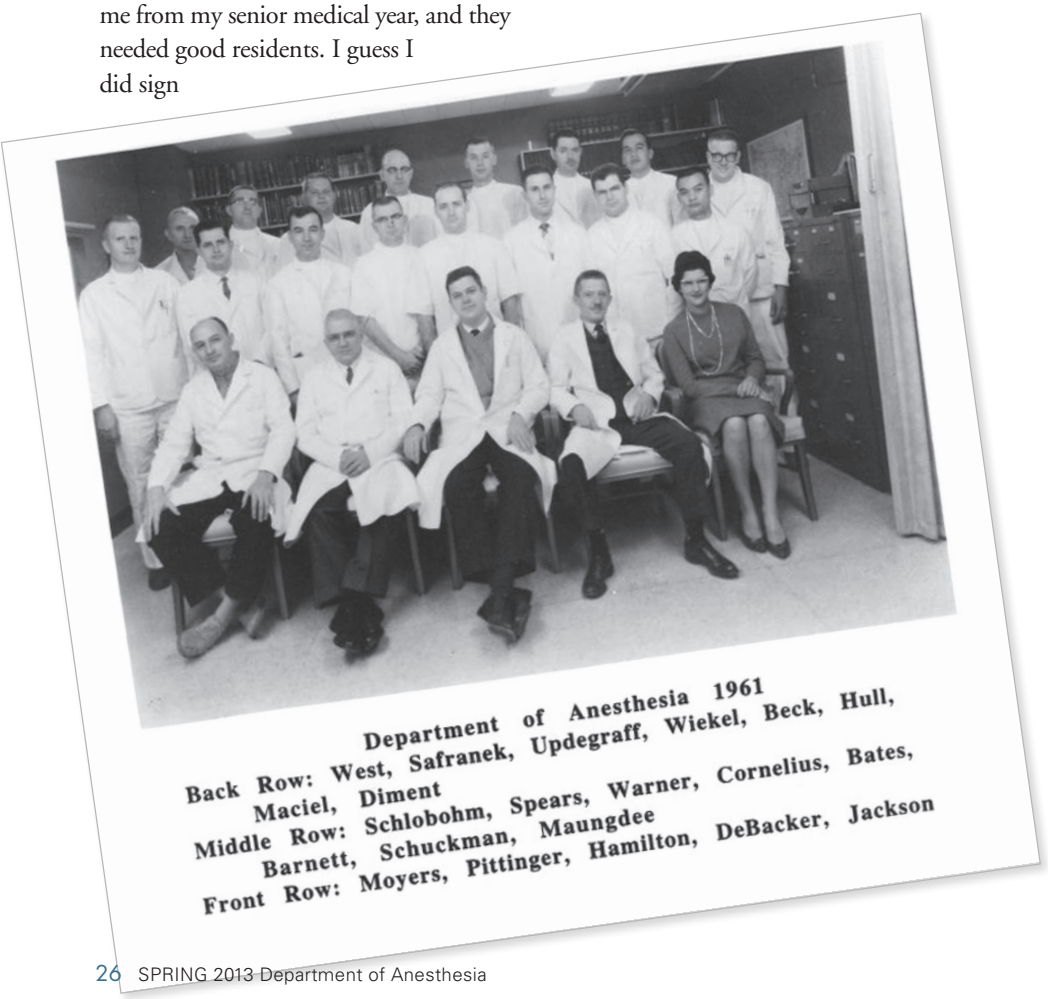
# Alumni Focus:

## Charles N. Hull, M.D.

We had a superb staff that included Drs. Bill Hamilton, Jack Moyers, Charlie Pittinger, and Leo DeBacker. All were excellent teachers and fine clinicians. I will be eternally grateful for the perseverance they demonstrated and the skills they were able to convey to us all.

I am a native Iowan from Knoxville. I graduated from Drake University in 1954. I attended medical school at the University of Iowa from 1954-1958. During my junior year in medical school, I did a preceptorship with Dr. Robert Jaggard in Oelwein, Iowa. He was a general practitioner, but did anesthesia in the mornings and was also on call for emergencies. This experience got me interested in anesthesiology. I solidified this interest in a rotation through the anesthesia department that next Fall. When I completed my internship in Broadlawns Hospital in Des Moines, I did not schedule an interview or make any application for residency. I simply called Dr. Bill Hamilton and asked him if he would have a spot for me in August, and he told me that he would. Dr. Hamilton and others in the department remembered me from my senior medical year, and they needed good residents. I guess I did sign a paper later on, but it was a far cry form today's application process.

We had a superb staff that included Drs. Bill Hamilton, Jack Moyers, Charlie Pittinger, and Leo DeBacker. All were excellent teachers and fine clinicians. I will be eternally grateful for the perseverance they demonstrated and the skills they were able to convey to us all. We had a group of twelve residents then. Things were still rather primitive. We used ether, cyclopropane, ethylene, and lots of garbage anesthesia (nitrous oxide, oxygen barbiturates, narcotics, and relaxant). Fluothane was just becoming popular. We did lots of experimentation with flu-ether, chloroform, and trilene. Spinals, epidurals, and blocks were favorites. The department had one Jefferson ventilator when I arrived. We had no monitors except for our blood pressure cuff, a finger on the pulse, or a precordial stethoscope. You were somewhat reluctant to take over a patient's respirations because it was a primary sign of depth of anesthesia, and also, we had no ventilators.



Department of Anesthesia 1961
Back Row: West, Safranek, Updegraff, Wiekel, Beck, Hull, Maciel, Diment
Middle Row: Schlobohm, Spears, Warner, Cornelius, Bates, Barnett, Schuckman, Maungdee
Front Row: Moyers, Pittinger, Hamilton, DeBacker, Jackson

The increased usage of fluothane gave us the ability to cut down on the use of ether and cyclopropane, which were explosive agents. We devised our own vaporizers for halothane. The "acorn bottle" was a favorite. You calibrated it by your sense of smell, and then put tape markings on the dial. This allowed you to do a long (6-9 hour) scleral buckling eye case with a closed system of oxygen and fluothane. If a patient got light, you could bubble the oxygen in the vaporizer and reach very high concentrations quickly, and take the patient down rapidly. Needless to say, there were moments of anxiety, especially if you had just relieved someone on an intubated retinal eye case.

Several residents were involved in research and writing scientific papers. I worked on obstetrical anesthesia research, co-authored a paper with Dr. Hamilton regarding it, and I presented this paper to the New York Society of Anesthesiologists during their December meeting. There were two rooms of resident presentations that same day. Dr. Ed Munson presented a research paper in a second room. Both Ed and I were awarded first place in our respective rooms. It was a great day for Iowa's Department of Anesthesia, as we were competing nationally. Dr. Hamilton was kind enough to allow both Ed and I to keep our $100.00 prizes.

Not all procedures go smoothly. I was on call during my residency on a Sunday morning, and I was reading in the anesthesia library. A message came over the intercom, "Dr. Hull, would you go out to the tower and help a doctor?" When I walked into the operating room, the surgical urology residents and all the scrub nurses were draped over the patient holding him down. The anesthesiologist was holding the upper body down, but the patient had one arm around his neck! The segmental epidural had failed when the abdominal procedure turned into something more radical. I spotted a huge vein on the patient's arm around the anesthesiologist's neck. Without missing a beat, I picked up a syringe of pentothal laying on the table and put the patient asleep immediately. Everyone instantly relaxed. I silently turned around and started to leave. On my way out, Dr. Hal Jaffe (MD '56, Urology Res '61) said, "Thanks, Charlie." I understand the rest of the case was uneventful. Interesting is that I remember Hal Jaffe as the senior urology resident, but I do not remember who the anesthesiologist was that the patient had in a choke hold!

I will close with a scenario, which depicts the transition of anesthesia over my 36 years in the operating room. For my first case at the University, I used ether anesthesia, as required for a new resident. This resulted in some nausea in both the patient and me. The patient had a prolonged course in the recovery room, as well as during the hospitalization. One of the last cases in practice was an orthopedic case under general anesthesia. At the end of the procedure, the patient assisted in her move to the cart and was awake. I chatted with her on the way to the recovery room, and as we neared, I jokingly said that we like to have our patients recite the Gettysburg address to show the nurses they are awake. I had no idea she was a schoolteacher – and she started reciting the Gettysburg address word for word as we entered the recovery room! The nurse gave me the strangest look. I shrugged my shoulders and thought this is a fitting end to a great career.

Charles N. Hull, M.D.
*MD '58, R '61*

Dr. Charles and Norma Hull

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PS: Of note, Dr. Hull modestly does not mention in his story that he spent his entire career at Medical Center Anesthesiologists (MCA) in Des Moines, starting in September of 1961, hired by Dr. Leo Pearlman. At that time, the group had a three-room office inside Mercy Medical Center, one secretary, and five anesthesiologists. In 1972, he spearheaded the group incorporating to become Medical Center Anesthesiologists, P.C. It took many years for the group to gain identity as Medical Center Anesthesiologists rather than as the Pearlman group. Today, the MCA group is comprised of over 40 physicians and ten CRNAs. They provide anesthesia services at six area surgical sites and see patients for comprehensive pain management services at four different locations around the Des Moines metro area. Many of those who are a part of the MCA group received training at Iowa's Department of Anesthesia. During his professional career, Dr. Hull served on local medical group boards, provided teaching and training to medical students, student nurse anesthetists, interns and residents, and also mentored many young anesthesiologists. He also served more than once as president of Medical Center Anesthesiologists, served on committees of the Iowa Society of Anesthesiologists, and fulfilled a term as president of ISA.

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## A Letter from
# UI Foundation

While this is a great opportunity for you to make charitable gifts from your IRA, please remember that the charitable IRA rollover provision expires at the end of 2013.

As someone who has been a generous and loyal supporter of The University of Iowa (UI) Foundation, we wanted to make sure that you were aware that on January 2, 2013, President Obama signed into law the *American Taxpayer Relief Act of 2012*, which may provide you with an additional way to support the UI Department of Anesthesia through the UI Foundation. This legislation contains an extension of what is commonly referred to as "the charitable individual retirement account (IRA) rollover," which allows gifts to be made directly from an individual's IRA to charity.

The rules for making these IRA gifts are:

- You must be at least age 70½ at the time the gift is made.
- You may transfer up to $100,000 per year in 2013 from your IRA directly to a qualified charity.
- Gifts for the tax year 2013 must be made no later than December 31, 2013.
- The gift must come directly from your IRA, not from any other type of retirement plan.
- You do not include the distribution in your income, nor will you take a deduction for the gift. The effect will be a "tax wash."
- The distribution will count towards your required minimum distribution from your IRA.
- You may not receive anything in exchange for the gift, including athletic seating priority.

In addition, the legislation provides that if you took cash distribution from your IRA during December 2012, and subsequently make a cash gift of some or that entire amount to a qualified charity prior to February 1, 2013, you may treat that gift as if it were a charitable IRA rollover gift made during 2012.

If you wish to take advantage of this charitable giving opportunity, you will need to take the following steps:

- Contact your IRA custodian for specific instructions. You may need to fill out a form provided by your IRA custodian, or you may simply be required to send a letter to the custodian. You may contact me directly if you would like to receive a sample letter requesting a charitable IRA distribution.
- Provide your IRA custodian with our full legal name, taxpayer ID number, and mailing address:
  State University of Iowa Foundation
  P.O. Box 4550
  Iowa City IA 52244-4550
  Taxpayer ID number (42-0796760)
- The IRA custodian will make the check payable directly to the State University of Iowa Foundation.
- Notify me at the UI Foundation of the pending transfer and tell me where you would like to direct the gift.

We encourage you to visit with your professional advisor to determine if taking advantage of this legislation is right for you.

While this is a great opportunity for you to make charitable gifts from your IRA, please remember that the charitable IRA rollover provision expires at the end of 2013. If you are interested in taking advantage of this provision to make a gift and have any questions about the process, please do not hesitate to call me at (800) 648-6973 or email me at heather-ropp@uiowa.edu. You can also visit our website: www.uiowafoundation.org/giftplanning for additional information on the *American Taxpayer Relief Act of 2012*.

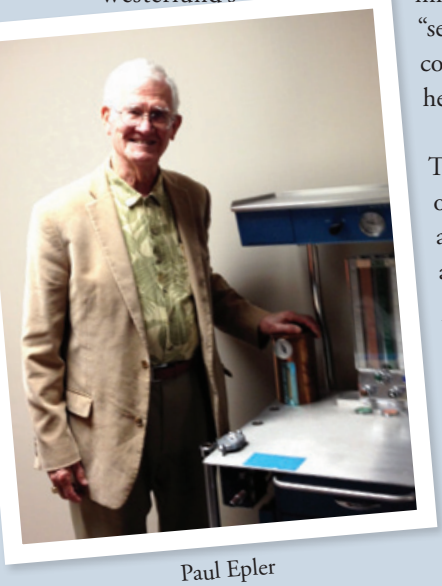
Heather Ropp
*Assistant Director of Development*
*The University of Iowa Foundation*

# ALUMNI Update

Amber Jandik, Christina Spofford, Ken Jandik

Happy belated 2013 greetings to all of our readers. I remember this time last year, and I must say that the weather really was milder then. I love winter in Iowa, actually. We've had a couple of snowstorms that produced thee most beautiful landscapes.

I received a fun note from Dr. **Denny Bastron** (BA '60, MD '64, R '67, Faculty '69-'80) in Arizona after he read the fall 2012 issue of our department newsletter. He commented on two different articles, noting that one of his daughters, Karen Bastron Woltman (JD '98) serves on the Iowa State Board of Health, along with our current faculty member, Dr. **Ron Abrons** (MD '04). Small world! Dr. Bastron also stated that upon reading the article by alumnus, Dr. **Roger Westerlund** (MD '57, R '60), he was reminded that while Dr. Westerlund was growing up in Red Oak, he (Dr. Bastron) was getting started four doors down Miller Avenue from him. When Dr. Bastron was about to start medical school in 1959, he didn't have a lot of money to spend, and thus he bought Dr. Westerlund's microscope. He remembers "sealing the deal" in the anesthesia conference room one night while he was on call!



Paul Epler

This past fall season was a busy one, bringing several alumni and friends to Iowa City. In addition to the steady influx of people visiting in person, written communications are increasing. I've been introduced by phone/voice to several of our alumni, and I'm eager to meet each one in person this June.

During September 2012, seven alumni and spouses or friends visited the department. You can imagine what a great mood I was in that entire month! Dr. **Paul Epler** (MD '57) and his companion, Ms. Roz Hill, toured our department. We had a really delightful time. This was the first time I'd met Dr. Epler, who spent his anesthesia career in the San Diego area of California. He is familiar with many of our department's alumni residing in California, so we had a nice conversation regarding people we both know. Drs. **Amber and Ken Jandik** (MD '98 for Amber, DDS '98 for Ken) made time to visit with several of us in the department during their annual trip to Iowa from Fort Myers, Florida. Amber holds great memories of the year she spent in the department as an anesthesia extern. Another San Diego area couple, Dr. **Dennis Madrid** (R '85) and his wife, Carla, arranged a September trip to include Iowa City. After many years away, they were amazed at the changes to the hospital, the health care campus, the UI campus, and the community. Homecoming and the Hawkeyes wouldn't be the same without the annual visit of Dr. **Jeanne Jaggard** (MD '60). We were treated with a two-week visit from Dr. Jaggard in the fall; thus, she could be in attendance for two Iowa Hawkeyes home football games. We took full advantage of her days in Iowa City, and most probably she returned home with each arm a good one-half inch longer from being tugged in so many directions by so many Iowa friends.

Won Choi, Carla Madrid, Dennis Madrid, Kent Pearson, Frank Scamman, Marty Sokoll

Several of our alumni and friends who currently reside and work in Cedar Rapids attended a department-sponsored Regional Anesthesia Study Center of Iowa (RASCI) course during an early October weekend. UI Foundation representative, Heather Ropp, and I joined them for an early morning coffee time. We visited with **Richard Aerts** and **Nancy Lorenzini** (ISA members, friends of the department), as


Jeanne Jaggard, Mike Todd, Linda Todd

well as **Christine Botkin** (MD/extern '92, R '96), **Julie Saddler** (MD '01), and **Gail Vandewalker** (R '85, F '86). Also attending the RASCI course was Dr. **Gregar Lind** (M '82). We had such great conversation and coffee time, no photos were taken other than during the course itself (see Page 16 for a few).

Many from our department traveled to Washington, D.C. in October, to attend the annual meeting of the American Society of Anesthesiologists. Once again, we enjoyed a sizeable attendance during our department's alumni reception held in our nation's capitol. This annual event is one of my favorites to plan and attend. Over the years, more and more faces and names are familiar to me. I enjoy catching up on both the professional and personal lives of so many special people who have that "Iowa connection."

Upon return from Washington, D.C., we had the pleasure of welcoming Dr. **Cherie Mohrfeld** (MD '63) to Iowa City. She was in town with her nephew and wife, and while our time together was short, we did enjoy a trip to the Amana Colonies. Somehow, we found ourselves inside the Chocolate Haus, thus feeling compelled to purchase some yummies! Unfortunately, we were so busy having fun that taking photos was totally forgotten. Blame Barb!

Dr. Greg Lind had such a great time in the department during his October visit, he decided to travel from Montana to visit us again in November. Well, perhaps the fact that his parents and other relatives live in the Iowa City area is also an attraction for him! During his November visit, we arranged for him to shadow Dr. **Bob From** in the main operating room for a good portion of a day. I think both physicians had a good time, as I received positive feedback about the experience from both points of view. Also in November, we rolled out the red carpet for a visit from our former department chairman, Dr. **Bill Hamilton**. I was able to coax several hours away from his Iowa City family (a sister and two nieces) for him to be in the department and review more of our rich history and add more stories and facts to that history. In December, I was sad to miss seeing alumnus, Dr. Dee Isackson (R '94), who traveled here from her home in Newcastle, Washington. She was here during the holiday season, and our paths didn't cross. She spent some time with current faculty members, Dr. **Lauri Helmers** (MD '91, R '95, F '96)) and Dr. **Jeanette Harrington** (R '86, F '90). I hear they had a marvelous time together, which is wonderful.

Of course, we in the department are blessed with the regular presence of Dr. **Dale Morgan** (MD '51, R '56). Dr. Morgan travels from him home in Cedar Rapids, IA to teach our medical students through didactic lecture and hands-on experience in our Patient Simulator Center. We are so grateful for this gift from him.

We welcomed as a new faculty member to the clinical care we provide in the operating rooms the new dean of the Carver College of Medicine, Dr. **Debra Schwinn**. Read more about her on page 23. We also welcomed into our fold current Iowa freshman, Ms. **Julianne Blomberg**. Julianne is the daughter of Dr. **Richard Blomberg, Jr.**, from Chaska, MN. Dr. Blomberg graduated from Iowa's medical school in 1985, and spent his senior year as an anesthesia extern. Daughter Julianne volunteers in our Patient Simulator Center, and is an active member of Iowa's women's volleyball team. Here in the department, we are really looking forward to seeing many, many (many!) alumni during our June reunion celebration, becoming more eager by the day to greet you and welcome you back to this wonderful department, college, hospital, university, and community.

Barb Bewyer
*Alumni and Outreach Coordinator*

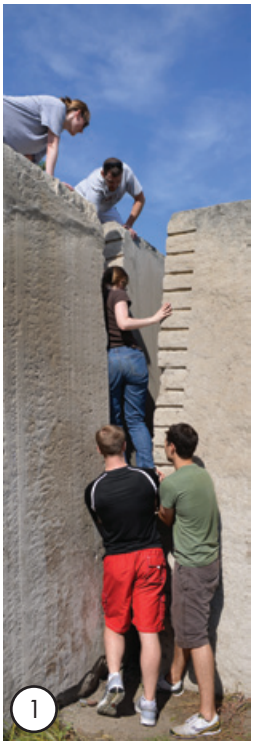
Alan Ross and daughter, Lauren

## *Check out our online*
# Photo Gallery

We are improving our skills of photographically capturing people and events our department sponsors – so much so that we can't fit all of the pictures we would like to share with you in our print newsletters. Thus, we invite you to view a more expansive Photo Gallery stored with the electronic version of this newsletter issue.

Please spend a few minutes enjoying these photos by **clicking on the graphic of the newsletter cover** visible on our Home page at: **www.anesth.uiowa.edu**.

# SnapSHOTS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## CA2 Retreat
### September 2012

1. CA-2s learning to trust all members of the team
2. The CA-2 team
3. CA-2s using the Iowa River to learn about team approach

## ASA Washington DC
### October 2012

1. Jeanne Jaggard, forever the Hawkeye
2. Allison Wagner, Debra Schwinn, Mike Todd, Anna Riessen, Andrea Keohane
3. Jeanette Harrington, Kadia Bundu, Jeanne Jaggard
4. Rhada Arunkumar, Mark Sundet, Stacie Wong
5. Amber Jandik, Heather Ropp
6. Sanford Klein, Dennis Bastron, John Moyers
7. David Warner, Debra Schwinn, Ron and Barb Osborn, Roger Kinkor
8. Joni and Brad Hindman, Tamara and Tim Anderegg
9. Mike Todd, Marty Sokoll, Barb Bewyer: Happy Birthday to Dr. Sokoll
10. Frank Scamman, Sarah Eisen, Isabel Pereira, Ben Ellis: Department members who participated in the Run for the Warriors® honoring US military


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University of Iowa Hospitals and Clinics
Department of Anesthesia
200 Hawkins Drive
Iowa City, IA 52242

**Change Service Requested**

# SnapSHOTS










## Holiday Party
### December 2012

1. (Sitting, L-R) Cindy Carter, Jeff Larsen, Lori Wise (Standing, L-R) Marjorie Copper-Stimmel, Bobby Salm
2. Justin/Lindsey Heser and Paul/Emily Miska
3. Tom Merritt, Jamie Dostart, Kris Jones
4. Robert Raw, Janan Winn, Lori Raw, Julie Weeks, Jodi Kazerani
5. (L-R) Laurie Forbes, Jim Choi, Srinivasan Rajagopal, Julia Choi, Bob Forbes
6. Peter and Bilbo Foldes
7. Frank/Mary Scamman and David/Catherine Swanson
8. Janan Winn, Alex Shune, Jeanette Harrington
9. Lori and Taften Kuhl